

MUSIC THERAPY INTERNSHIP DIRECTORS' PERSPECTIVES ON THE
IMPORTANCE OF EMOTIONAL INTELLIGENCE

by

Katie N. Fitch

B.M., The University of Iowa, 2013

Submitted to the Graduate Degree Program in Music Education and Music
Therapy and the Graduate Faculty of University of Kansas in partial fulfillment of the
requirements for the degree of Master of Music Education (Music Therapy).

Thesis Committee:

Chairperson Cynthia Colwell, Ph.D

Abbey Dvorak, Ph.D

Deanna Hanson-Abromeit, Ph.D

Date Defended: November 16, 2015

The Thesis Committee for Katie N. Fitch

certifies that this is the approved version of the following thesis:

MUSIC THERAPY INTERNSHIP DIRECTORS' PERSPECTIVES ON THE
IMPORTANCE OF EMOTIONAL INTELLIGENCE

Chairperson - Cynthia Colwell, Ph.D.

Date Approved: November 16, 2015

Abstract

Emotional Intelligence is one's ability to perceive and use emotional information in oneself and in others, and to make decisions based on this information. It is made up of emotional competencies, which encompass perceptions and expressions of the self, relational interactions, decision-making, as well as coping and regulation skills. To date, little information is available concerning the observation and assessment of the emotional competencies in music therapy students as they navigate the internship application process. This study investigated the extent to which a student's Emotional Intelligence impacts National Roster Internship Directors' decision-making processes for determining a student's suitability to their internships. Specifically, it examined the importance of Emotional Intelligence in determining student suitability, the methods used during the internship application process to assess the emotional competencies, and the importance of Emotional Intelligence as compared with other skills typically assessed. Fifty-four National Roster Internship Directors completed an online survey. Responses were collapsed and examined using descriptive statistics. Internship Directors indicated that Emotional Intelligence is an important factor in selecting their interns. All respondents indicated that the emotional competency, Empathy, was either 'important' or 'very important' (on a Likert-type scale ranging from 'very unimportant' to 'very important') in determining a student's suitability. The development of consistent language regarding Emotional Intelligence may provide cohesion between Internship Directors and Academic Program Directors and better prepare students to thrive in the music therapy profession.

Acknowledgements

To Dr. Cynthia Colwell, I extend my utmost gratitude for your guidance and mentorship throughout this process. You have been a strong personal advocate for me. I have cherished your leadership, sense of humor, and genuine passion for the success of your students.

To Dr. Deanna Hanson-Abromeit, I thank you for all of the thoughtful conversations throughout my training at KU. I believe your conviction in pursuing clarity in clinical competence has significantly impacted the lens through which I envision my influence on the field of music therapy.

To Dr. Abbey Dvorak, thank you for all of your wisdom and feedback as a member of my committee and in the role you played for me as mentor. Your availability to me while I worked to identify the interests and issues that would inform the topic of this thesis was invaluable, and I am so grateful.

To all of the students who listened, questioned, and challenged your supervisor. It is the observation of your development into professionals that has greatly inspired me to learn more about the training process.

To my friends and colleagues, specifically Fatima Chan, John Robinson, Kyle Fleming, and Rebekah Joy Roos, who have provided unending and invaluable support and feedback throughout this journey, I am so grateful for our friendship and I thank you for your time.

Finally, to my wonderful family, thank you for your unconditional love and compassion as I pursue my ambitious goals as a music therapist. I thank Michael G. Fitch and Karen Merrick for instilling in me the belief that my dreams *are* my future.

I thank Dagmar Merrick, Mason Fitch, and Hannah Fitch for reminding me of this truth. And to Russel Boulton, thank you for dreaming with me and supporting me each and every step of the way.

Table of Contents

ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	viii
CHAPTER 1 Introduction	1
Assessing EI	2
Emotional Competency Inventory (ECI).....	3
Mayer, Salovey, and Caruso Emotional Intelligence Test (MSCEIT).....	5
Emotional Quotient Inventory (EQ-i)	5
CHAPTER 2 Review of Literature	9
Importance of EI in Social Work.....	9
Importance of EI in Nursing.....	11
EI in Social Work Education	13
EI in Nursing Education	14
Importance of EI in Music Therapy	15
EI in the music therapy literature	15
EI in the Code of Ethics.....	16
Social responsibility	16
Self-actualization	17
Self-regard	17
Emotion self-awareness.....	17
Empathy.....	18
Interpersonal relationships.....	18
EI in the AMTA Professional Competencies	18
Self-regard	18
Self-actualization	19
Emotional self-awareness	19
Emotional expression and assertiveness	19
Independence	19
Interpersonal relationships.....	20
Empathy.....	20
Problem solving.....	20
Reality testing	20
Impulse control	21
Flexibility	21
Stress Tolerance.....	21
EI in AMTA Advanced Competencies.....	21
Self regard	22
Self-actualization and emotional self-awareness.....	22
Emotional expression	22
Assertiveness	22
Interpersonal relationships.....	23
Social responsibility	23
Reality testing	23

Stress tolerance	23
Optimism	23
EI in the music therapy profession	24
CHAPTER 3 Method	29
Participants	29
Human Subjects Informed Consent.....	29
Materials	29
Procedure	32
Data analysis.....	33
Data collection as related to the research questions	33
CHAPTER 4 Results	35
Internship Application Process.....	39
Initial Application Components	40
Supportive Documentation Components.....	41
Interview Components.....	41
Importance of EI During the Assessment of Prospective Interns.....	41
Internship Application Components Used to Assess the Emotional Competencies.....	46
Initial Application Components	47
Supportive Documentation Components.....	48
Interview Components.....	49
Importance of EI Compared to Other Skill Sets Assessed	53
CHAPTER 5: Discussion	55
Importance of EI During the Assessment of Prospective Interns.....	55
Importance of EI Compared to Other Skill Sets Assessed	57
Internship Application Components Used to Assess the Emotional Competencies.....	59
Initial Application Components	59
Supporting Documentation Components	59
Interview Components.....	60
Limitations.....	62
Conclusion.....	64
REFERENCES	66
APPENDIX	74

List of Tables

Table 1.	The Emotional Competency Inventory (ECI) (Goleman, 1998)	4
Table 2.	Mayer Salovey and Caruso Emotional Intelligence Test (MSCEIT)	5
Table 3.	The Emotional Quotient Inventory (EQ-i) (Bar-On, 2007)	6
Table 4.	The Emotional Quotient Inventory 2.0	31
Table 5.	Respondents' Representation of AMTA Regions.....	36
Table 6.	Age Ranges Served	37
Table 7.	Populations Served by National Roster Internship Sites.....	37
Table 8.	Years as National Roster Internship Director	39
Table 9.	Internship Application Process Components	40
Table 10.	Importance of Emotional Intelligence.....	44
Table 11.	Emotional Intelligence Subcategories Rank Order Positions.....	46
Table 12.	Number of Respondents Who Do Not Assess Individual Emotional Competencies	47
Table 13.	Assessment Methods Through Initial Application Components.....	50
Table 14.	Assessment Methods Through Supportive Documentation Components.....	51
Table 15.	Assessment Methods Through Interview Components.....	52
Table 16.	Importance of Emotional Intelligence Compared to Other Skill Sets Assessed.....	54

Chapter 1

Introduction

Emotional intelligence (EI) is a person's capacity to interpret and use emotional information (Goleman, 1995). Music therapists use emotional intelligence (EI) in many areas of clinical practice. EI can guide decision making in client-therapist interactions, counseling strategies, reflective practice, and self care.

The modern construct of emotional intelligence was first introduced to the public in 1990; however, the concept of having a predisposed social acumen is not a new idea. Edward Lee Thorndike (1920) presented the first mention of social intellectual capacity as the ability to understand others and to act according to obtained social knowledge. This conceptualization of social intelligence shares its foundation with two of Gardner's (1983) seven platforms of multiple intelligences: intrapersonal intelligence and interpersonal intelligence. *Intrapersonal intelligence* primarily employs a person's capacity to access his or her own feelings, while *interpersonal intelligence* primarily employs a person's capacity to notice emotions in others and make behavioral choices accordingly. Gardner posited that these two personal intelligences develop together dependently of each other within one's personality.

Gardner's (1983) structure of the intrapersonal and interpersonal intelligences became the basic framework of emotional intelligence. Salovey and Mayer (1990) were the first to introduce emotional intelligence as an independent construct that falls under the broader domain of social intelligence. Salovey and Mayer suggested that emotional intelligence is essentially broken down into three main mental practices that deal with emotions: "a) appraising and expressing emotions in the self and others, b) regulating

emotion in the self and others, and c) using emotions in adaptive ways” (p. 190-191).

While this theoretical framework alone called for multiple applications in many contexts, it was the publication *Emotional Intelligence* (Goleman, 1995) that is presently regarded as the inauguration of EI as a field of study (Petrides & Furnham, 2001).

Goleman’s most updated and popular conceptualization of EI divides the construct into four groups: Self Awareness, Self-Management, Social Awareness, and Relationship Management (Goleman, 2001). The first two groups deal with issues of the self, while the second two groups deal with issues of interacting with others. Goleman’s philosophy of emotional intelligence separates emotional intelligence from emotional competence. According to Goleman, *emotional intelligence* is considered to be one’s capacity or potential for emotional learning, and *emotional competence* refers to the realization and mastery of specific skills related to emotions (Goleman, 2001). One contribution to the massive response to Goleman’s book, *Emotional Intelligence* (1995), might have been Goleman’s apparently convincing rationale for the cost of emotional illiteracy. Goleman described troubling scenarios school-aged children had endured such as school shootings, teen pregnancy, a growing epidemic of depression, and various drug and disease issues. Goleman then pointed to ways in which these problems share a common denominator of a culturally weakening emotional intelligence.

Assessing EI

Researchers have acknowledged that strong emotional intelligence can lead to promising advantages. Alternatively, weak emotional intelligence can lead to devastating consequences. Due to the vested interest of the health and helping professions, researchers have sought to answer the question: *Can emotional intelligence be assessed?*

According to Barbey et. al. (2014), the brain's social knowledge network plays a role in coordinating cognitive, social and affective processes. They found that “damage to this system may produce impairments in one's ability to: (i) be aware of and express oneself; (ii) function interpersonally; (iii) manage and control emotions; (iv) generate positive affect required in achieving personal goals; and (v) cope with the immediate situation, make decisions and solve problems of a personal and interpersonal nature” (p. 270). As hypothesized, the EI neural system and the psychometric intelligence neural systems were found to have anatomical substrates in common, which suggests that the competencies involved in emotional intelligence can be learned and developed.

Researchers have aimed to measure the learning and development of the emotional competencies involved in EI by monitoring improvement of pre-test to post-test scores on EI assessment tools (Bar-On, 2003; Van Rooy & Viswesvaran, 2007; Bracket & Mayer, 2003; McCown et. al., 1998). Authors have introduced many EI models and frameworks since Goleman first popularized the concept in 1995. Three prevailing models of observing and measuring emotional intelligence include the Emotional Competence Inventory (ECI); the Mayer, Salovey and Caruso Emotional Intelligence Test (MSCEIT); and the Emotional Quotient Inventory (EQ-i) (Van Rooy & Viswesvaran, 2007).

Emotional Competency Inventory (ECI). The ECI is an assessment tool based on behavioral indicators of emotional intelligence, as manifested in the emotional competencies established by Goleman (1998). The individual to be assessed as well as his or her peers, clients, and colleagues, complete this assessment and submit for analysis. This 110-item assessment breaks down into 20 competencies that fall under four

“clusters”: (a) self-awareness, (b) social-awareness, (c) self-management, and (d) social skills (Boyatzis, Goleman, & Rhee, 1999). Each cluster is anchored by either self-oriented or social-oriented tasks and by either recognition or regulation of emotional information. Each cluster is then divided further into ability-based competencies. Table 1 provides the framework of the ECI. The clusters are intended to feed each other, requiring the individual to be emotionally self-aware in order to be successful in other areas of emotional intelligence.

Table 1

The Emotional Competency Inventory (ECI) (Goleman, 1998)

ECI “Cluster”	Ability-based Competency
Self-Awareness	
Self-oriented	Emotional Self-awareness
Recognition of emotional information	Accurate Self-assessment
	Self-confidence
Social Awareness	
Social-oriented	Empathy
Recognition of emotional information	Organizational Awareness
	Service Orientation
Self Management	
Self-oriented	Self-Control
Regulation of emotional information	Transparency
	Adaptability
	Achievement Drive
	Initiative
Relationship Management	
Social-oriented	Inspirational Leadership
Regulation of emotional information	Developing Others
	Influence
	Change Catalyst
	Conflict Management
	Building Bonds
	Teamwork and Collaboration

Mayer, Salovey and Caruso Emotional Intelligence Test (MSCEIT). The MSCEIT is an “ability-based” measure that assesses a person’s emotional intelligence within four branches: emotion perception, thought facilitation, emotion understanding, and emotion management (Mayer et. al., 2002). The individual being assessed completes the assessment. However, this is not a self-report measure of EI. The items on this assessment evaluate how well the individual completes a given task, removing personal opinion. This assessment is comprised of 141 questions, which produce scores for each branch of the construct. The first and second branches’ scores produce an “experiential” area score, and the third and fourth branches’ scores producing a “strategic” area score (Van Rooy & Viswesvaran, 2007). Brackett and Mayer (2003) found that the MSCEIT correlated the highest with other measures of cognitive aptitude. This measure of EI is most popular with corporate endeavors. Table 2 shows the breakdown of tasks in the MSCEIT beginning with experiential tasks and strategic tasks and specifying to individual tasks prompted.

Table 2

Mayer Salovey and Caruso Emotional Intelligence Test (MSCEIT).

Area Scores	Branch Scores	Individual Tasks
Experiential	Perceiving Emotion	Faces Pictures
	Using Emotion	Thought Facilitation Sensations
Strategic	Understanding Emotion	Changes Blends
	Managing Emotion	Emotional Management Emotional Relationships

Emotional Quotient Inventory (EQ-i). This assessment is a 133-item self-report measure of emotional intelligence. An analysis of an individuals responses produce an

overall score of emotional intelligence as well as a sub-score for each of the following five subcategories: (a) intrapersonal, (b) interpersonal (c) adaptability, (d) stress management, and (e) general mood (Bar-On, 2006). Employers and business consultants have used the EQ-i to predict job performance, work satisfaction, and leadership potential (Bar-On, 2007; Conte, 2005; Dries & Pepermans, 2007; Iordanoglou, 2007; Stuart & Paquet, 2001). This construct has been used in healthcare, education, and corporate circles (Gallant, Papadogiannis, & Durek, 2005; Gerits, Verbruggen, & Katzko, 2005; Iordanoglou, 2007; Meredith, 2008; Thomas, 2007; Walter, 2006). Table 3 provides the framework and operational definitions of emotional competencies of the EQ-i.

Table 3

The Emotional Quotient Inventory (EQ-i) (Bar-On, 2007).

EI Subcategories	Competencies
Intrapersonal	<p>Self-Regard is to accurately perceive, understand and accept oneself.</p> <p>Emotional Self-Awareness is to be aware of and understand one's emotions and feelings.</p> <p>Assertiveness is to effectively and constructively express one's feelings.</p> <p>Independence is to be self-reliant and free of emotional dependency on others.</p> <p>Self-Actualization is to strive to achieve personal goals and actualize one's potential</p>
Interpersonal	<p>Empathy is to be aware of and understand how others feel.</p> <p>Social Responsibility is to identify with one's social group and cooperate with others.</p> <p>Interpersonal Relationship means to establish mutually satisfying relationships and relate well with others.</p>
Stress Management	<p>Stress Tolerance is to effectively and constructively manage emotions.</p>

	Impulse Control is to effectively and constructively control emotions.
Adaptability	Reality Testing is to objectively validate one's feelings and thinking with external validity.
	Flexibility is to adapt and adjust one's feelings and thinking with external reality.
General Mood	Problem Solving is to effectively solve problems of a personal and interpersonal nature. Optimism is to be positive and look at the brighter side of life.
	Happiness is to feel content with oneself, others and life in general.

In 2011, Multi Health Systems produced a revision of Bar-On's (1997) EQ-i model: the EQ-I 2.0. Maintaining Bar-On's 133-item structure and self-report format, Multi Health Systems has updated this edition to have "an overall EI score, broken down into five composite scores which, in turn, are broken down into a total of fifteen subscales" (p. 10). Revisions included (a) adding the self-perception and self-expression composite scales, (b) adding the emotional expression subscale, (c) redefining the "problem-solving" subscale, (4) adding the "decision-making" composite scale, and (d) identifying "happiness" as a product of emotional intelligence as opposed to being a precursor to it (Multi Health Systems [MHS], 2011).

Researchers in other helping professions such as nursing and social work have pointed to emotional intelligence as a critical piece of a service provider's foundational skills (Ingram, 2012; Kinman & Grant, 2011, Kooker, Shoultz, & Codier, 2007, Morrison, 2007). The assertion that emotional intelligence is critical to effective clinical practice, demonstrated through correlations of higher EI with more positive outcomes,

has not yet explicitly been made in music therapy literature. Therefore, a study determining the importance of emotional intelligence in music therapy training and practice is needed. Thus, the purpose of this study was to ascertain music therapy Internship Directors' perspectives on the importance of emotional intelligence and to determine how the associated skills and attributes of EI are assessed during the music therapy internship application process.

Chapter 2

Review of Literature

Healthcare professionals demonstrate that emotional intelligence (EI) can bring significant value to the personal and professional success of the service provider. Social work and nursing incorporate emotional intelligence constructs into the academic and clinical training of their respective professionals. As a comparable healthcare profession, a successful music therapy service provider must exhibit similar traits to those demonstrated by a social worker and nurse to provide the highest quality services and improve client outcomes. The American Music Therapy Association (AMTA) sets guidelines and expectations for the music therapy profession through its professional documents. Emotional intelligence is not directly referenced in any of these documents; however, implications of the emotional competencies (Bar-On, 1997; MHS, 2011) can be found in the music therapy *Code of Ethics* and *Professional and Advanced Competencies*. Music therapy literature addressing potential emotional intelligence and competencies of music therapy trainees will be examined.

Importance of EI in Social Work

The National Association of Social Workers (2014) describes social work practice as using educational foundations of human development, behavior, and culture to promote the wellbeing of individuals and groups through counsel, advocacy, and legislative means. Social workers work with people of varying backgrounds and needs in medical, educational, correctional, and many other settings. Success in social work practice is centered around the meaningful establishment of cooperative relationships (Ingram, 2013; Kinman & Grant, 2011; Morrison, 2007).

Ingram (2013) presented a discussion placing emotional intelligence as a core component of effective social work practice. Ingram determined that EI was central to the effective and successful social worker in the therapeutic relationship and collaborative approaches with clients and other professionals. He further related self-care to coping, professionalism, and reflective practice as they pertain to therapeutic success and longevity. He concluded that “the challenge... is not to ignore the role of emotions within practice, but to recognize it, embrace and incorporate it into the profile of the profession” (p. 1002).

Morrison (2007) identified emotional competencies as central to the areas of initial rapport with pre-assessment clients, assessment and observation, decision-making, collaboration, and stress management. During the initial engagement with a client, communication between the service provider and the service user determines the success of an intervention. Social workers interact with users who have varying degrees of vulnerability and perceptions of an individual’s “emotional demeanor”, and they must be prepared to have the appropriate sensitivity to these issues (p. 253-254). Morrison reiterated, “assessment requires both accurate observation and recall” (p. 255). Understanding that emotions impact an individual’s ability to recall events (Frijda, 2000), Lack of self-awareness of this impact can lead to missing important information or misinterpreting important information (Morrison, 2007). Without accurate baseline information the intervention will be unsuccessful. Morrison addressed the issue of objectivity in practice and argues that emotions are an integral piece of decision-making processes. Removing the emotional element from conscious decision-making processes will compromise the creativity and flexibility needed to accept new information while

facilitating change. Social work involves collaborating with other professionals from a variety of fields. Morrison described “organizational dynamics” as a complication to working effectively in diverse teams. Setting appropriate emotional boundaries and having an open appreciation for diversity are crucial to serving clients as a member of a team. Emotional intelligence also plays a role in stress management in that it is most beneficial to engage in mindful problem solving as opposed to avoiding emotional issues. A strong social worker understands when and how to seek help (Morrison, 2007).

Kinman and Grant (2011) studied emotional intelligence as it pertains to the relationship of resilience and stress in social work trainees. They found that resilience was the key to combating burnout and psychological distress. Those trainees who were better at evaluating and using emotional knowledge were more resilient to stress. Kinman and Grant noted a positive relationship between empathetic distress and psychological distress, insisting that clear emotional boundaries are imperative in effective cooperation and care of clients.

Importance of EI in Nursing

The high-stress nature of a nursing job calls for an advanced level of emotional intelligence. Pressure from other healthcare professionals as well as patients and family members can be very detrimental to a nurse’s wellbeing. The focus on emotional intelligence as it pertains to nursing has grown significantly since 1995 (Bulmer Smith et. al. 2009) with several researchers agreeing that the ability to effectively appraise, understand, and communicate emotions is important (Bellack, 1999; Bellack et al., 2001; Freshwater & Stickley, 2004; Gooch, 2006; Kerfoot, 1996; McQueen, 2004; Reeves, 2005; Strickland, 2000; Wasyiko & Stickley, 2003). Researchers have examined the

impact emotions have on decision-making and critical thinking (Akerjordet & Severinsson, 2007; Chabeli, 2006; Evans & Allen, 2002; Freshwater & Stickley, 2004; Grooch, 2006; Kooker et. al., 2007; Rochester et. al., 2005). In clinical decision-making, the practitioner must maintain awareness of any emotional response to a given situation in order to select an appropriate course of action that aligns with the priorities of the established protocol.

Holbery (2014) provided the dual perspective of an emergency nurse and a wife when her husband suffered a dangerous injury. Holbery described the role she typically plays of the emergency nurse as being alert, quickly stepping into a team and making all of the necessary observations and decisions to move forward. Holbery then recounted the role she played as the wife. She described being immediately shocked by her husband's helpless state while insatiably waiting for more information and managing family inquiries. As a nurse, she understood the objectivity of nurses and other staff who were responsible for performing their duties well in this frenzied environment. As the patient's wife, she learned how the dedication of emergency staff to immediate and quality care, despite the chaos, can leave patients and family feeling impotent, confused, and vulnerable. Holbery summarized that "holistic care, empathy, and compassion are central to the nursing profession" (p. 2). These qualities are addressed in emotional intelligence frameworks in competencies such as empathy, interpersonal relationships, and decision-making (MHS, 2011).

Research in nursing shows a strong acceptance of emotional intelligence as important to the success of the practitioner despite the lack of consensus on which model serves the profession best. While the construct and application of emotional intelligence

remains controversial (Mark, 2005; Smith et. al., 2009), authors have linked emotional intelligence with positive patient outcomes (Snow, 2001; Vitello-Ciccin, 2002; Willard, 2006). Many have found emotional intelligence to be positively correlated with better team cohesion, better patient care, higher levels of caring behaviors, and decreased rate of professional burn out (Kuar et. al., 2013; Quoidbach & Hansenne, 2009).

EI in Social Work Education

Researchers have taken into account the emotionally demanding nature of social work. In order to help the future workforce of social workers build resilience in response to this emotional demand, Grant and Kinman (2012) established workshops focusing on mindfulness, cognitive behavioral techniques, supervisory approaches for reflective practice, peer coaching, and action planning. Students' responses to the workshops were unanimously in favor of incorporating this type of training nearer to the beginning of social work education.

Other techniques have been developed to help social work students to work effectively in teams, a task involving emotional intelligence as it pertains to groups. Peterson (2012) evaluated the effects of teaching Group Emotional Intelligence (GEI) on the development of emotional intelligence. The techniques used to teach GEI involved a range of techniques including class discussions exploring potential issues in group settings, the Myers-Briggs assessment and reflection, a guided discussion of group members' strengths and weaknesses, a "ground rules" worksheet, an outline of each group member's role and his or her responsibilities, and a self evaluation and reflection. These instructional techniques were found to help students establish the "ground rules" when working in groups, exhibit more compassion toward others, and lessen "social

loafing,” which occurs when students perceive the tasks of a group to be distributed in such a way that allows that student to contribute less, which is counterintuitive to productivity.

EI in Nursing Education

Emotional intelligence has been established as central to nursing practice (Beauvais et al., 2011; Freshwater & Stickley, 2004) with several researchers explicitly supporting its inclusion into nursing education (Beauvais et al., 2011; Bulmer Smith, Profetto-McGrath, & Cummings, 2009; Por, Barriball, Fitzpatrick, & Roberts, 2011). Specific competencies in the nursing context such as decision-making, reflective practice, and empathy have been found to be rooted in emotional intelligence (Beauvais et al., 2011; Freshwater & Stickley, 2004) Researchers have explored measures of emotional intelligence fit for assessing EI in nursing students and techniques for encouraging specific emotional competencies.

Beauvais et al. (2011) conducted a descriptive correlational design study comparing the relationship between emotional intelligence and nursing performance. The researchers used the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) to assess emotional intelligence and the Six Dimension Scale of Nursing Performance (6-D Scale) to assess nursing performance. The 6-D Scale is a self-report assessment that evaluates nursing competencies in six categories: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations, and communication (Beauvais et. al., 2011). The researchers found that while total emotional intelligence had a weak correlation with total nursing performance, total emotional intelligence did have a significantly correlated relationship with four of the nursing performance categories:

teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development. Beauvais and colleagues advocated for a focus on self-awareness and the creation of an environment for the introduction and rehearsal of new behaviors until the point of mastery.

Reflective journaling is one way nursing educators are teaching emotional intelligence to nursing students. Edwards (2014) advocated for the use of narrative story writing to help nurses add insight to clinical experiences in a reflective way. By writing clinical experiences in this way, Edwards considered how the process itself helped organize the information, providing an opportunity to reflect on the event after a descriptive account of it. Harrison and Fopma-Loy (2010) incorporated this reflective technique in nursing student personal and professional development by providing students with ten journal prompts, each coordinating with an emotional competency within a current emotional intelligence construct. They found that journaling this way was an effective way to promote emotional intelligence in nursing students.

Importance of EI in Music Therapy

EI in the music therapy literature. Pellitteri (2009) advocated specifically for the emotionally intelligent music therapist. Putting self-awareness at the heart of professional music therapy practice, Pellitteri described in detail the specific ways in which “Emotional Perception,” “Emotional Facilitation of Thinking,” “Using Emotional Knowledge,” and “Reflective Regulation of Emotion” (p. 194), as outlined in Mayer and Salovey’s (1997) model of EI, have a direct relationship with clinical decision making and effectiveness. Pellitteri (2009) argued that, in many cases, it is EI that separates the novice music therapist from the experienced one. This is apparent in the clinicians’

abilities to (a) assess a client's emotional state to determine appropriate action, (b) regulate the emotional intensity of a session, (c) set priorities for the emotions to which the clinician will respond, (d) apply the appropriate goal-oriented techniques when certain emotions are exhibited, (e) remove bias from clinical decision making, (f) skillfully recognize and regulate one's own emotions to avoid or address countertransference, and (g) employ therapeutically appropriate empathy.

According to Pellitteri, the strengths associated with emotional intelligence go beyond effectiveness in clinical practice. These strengths brought about by emotional intelligence would serve the professional music therapist by enhancing support for other professionals and clinical staff, becoming a source of positivity in the workplace; and realizing his or her vocational ambitions.

EI in the Code of Ethics. The AMTA Code of Ethics is a professional document describing the ethical responsibilities of music therapy professionals and interns, as well as students in clinical practicum (American Music Therapy Association [AMTA], 2014). All music therapists are held accountable to this document. No construct of emotional intelligence is directly referenced in this document, but many of the codes point to emotional competencies comparable to those referenced in the Emotional Quotient Inventory (EQ-i) (Bar-On, 2009), and more specifically the EQ-i 2.0 (MHS, 2011). Those competencies implied in the Code of Ethics include social responsibility, self-actualization, self-regard, emotional self-awareness, empathy, and interpersonal relationships.

Social responsibility. The competency 'social responsibility,' is arguably the most frequently implied competency in this document. Music therapists are expected to

appreciate the “social and moral expectations of the community in which he/she works” (2.3.1). Music therapists must prioritize “the welfare of the client” (3.1), protecting the clients’ rights (3.2) without “[discrimination] in relationships” (3.3). This competency also appears more literally in the sixth and seventh codes: Responsibility to Community/Public (6.0), and Responsibility to the Profession/Association (7.0). Within these two codes, music therapists are expected to “strive to increase public awareness of music therapy” (6.1) and contribute to the betterment of the profession by means of protecting its reputation (7.1) and increasing its knowledge and skill base (7.2).

Self-actualization. ‘Self-actualization’ falls under the EI subcategory of ‘Self-Perception’. It involves striving for growth in pursuit of personal goals (MHS, 2011). Self-actualization is expected of music therapists as it pertains to “[participating] in continuing education activities to maintain and improve his/her knowledge and skills” (1.3) and persistently working toward providing the “highest quality of services to clients/students” (2.1).

Self-regard. ‘Self-regard’ is knowing oneself and “accepting one’s strengths and weaknesses” (MHS, 2011). It is only briefly implied in the Code of Ethics, requiring music therapists to be “aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage... take whatever action is necessary... to ensure that services to clients are not affected by these limitations and problems” (1.5).

Emotional self-awareness. ‘Emotional self-awareness’ pertains to intimately knowing one’s emotions, their causes, and their effects on others (MHS, 2011). Emotional self-awareness is implied in codes pertaining to appreciating differences in the

background or opinions from others (2.3.2, 3.3, 4.5) as well as the responsibility to recognize and communicate the barriers to effective services (5.2).

Empathy. ‘Empathy’ is the competency that takes into consideration the emotional perspective of others (MHS, 2011). It is required in respecting “values, attitudes, and opinions that differ” from one’s own (1.6) and in supporting other music therapists and music therapy students in their clinical development (11.5-11.7).

Interpersonal relationships. In the context of the Emotional Quotient Inventory 2.0 (MHS, 2011), ‘Interpersonal Relationships’ refer to entering into sustainable relationships with others that benefit both parties. This competency is inherent in almost any ethical code involving other people, but most notably in respect to “[practicing] with integrity, honesty, and respect for others” (1.9); and appreciating and honoring the “social and moral expectations of the [music therapist’s] community” (2.3.1).

Emotional intelligence in the AMTA Professional Competencies. This professional document outlines all of the essential competencies required of an entry-level music therapist (AMTA, 2013). Each of the competencies in this document must be demonstrated with proficiency achieved during academic and clinical training. This list of professional competencies is incorporated into music therapy program coursework and internship training experiences to ensure the quality of entry-level music therapy practice.

Self-regard. ‘Self Regard’ is implicit in the professional competencies through the effective use of oneself in the role of therapist in various settings (9.3). Multi Health Systems defines self-regard as “accepting one’s strengths and weaknesses” (p. 9). This is an important skill in taking criticism and productively adjusting accordingly (AMTA

2013, 17.4) and “[demonstrating] critical self-awareness of strengths and weaknesses” (17.8).

Self-actualization. The competencies involved in self-regard (17.4 and 17.8) share skill sets involved with the emotional competency of ‘self-actualization’ in that they prompt the music therapist to be open to the perspectives of others regarding his or her therapeutic effectiveness and to consistently pursue a high quality of effectiveness in practice.

Emotional self-awareness. The professional competencies call music therapists to have a strong ‘emotional self-awareness’ by “[recognizing] the impact of [his or her] own feelings, attitudes, and actions on the client and therapy process” (9.1), “[using] oneself effectively in the therapist role” (9.3), and being aware of the influence demographic differences may have on treatment (9.5).

Emotional expression and assertiveness. The importance of strong ‘emotional expression’ is evident in the competencies that instruct music therapists to assist clients with successful communication (13.7) and to clearly communicate both “orally and in writing with the client and client’s team members” (15.4). Effective communication also involves ‘assertiveness’, which includes maintaining objectivity and upholding beliefs and morals. Assertiveness can specifically be found in the competencies in employing “therapeutic verbal skills” (13.5), helping clients “communicate more effectively” (13.7), and communicating clearly with team members (15.4).

Independence. ‘Independence’ appears in the competencies through the demonstration of “dependability” (17.3), autonomously meeting deadlines (17.6), and working collaboratively with other professionals, recognizing one’s specific role (18.1).

Interpersonal relationships. ‘Interpersonal relationships’ are clearly referenced in the professional competencies. The competencies call for music therapists to “establish and maintain interpersonal relationships with clients and team members that are appropriate and conducive to therapy” (9.2). Knowledge and appropriate behavior in one’s therapeutic role (9.3) and understanding and promoting group cohesion (9.4 and 13.11) require music therapists to master this skill.

Empathy. Multi Health Systems (2011) describes ‘empathy’ as the comprehension of others’ emotions and being able to effectively articulate them, while interacting appropriately. Empathy is involved in understanding the “processes of a therapist-client relationship” (8.1), understanding “the dynamics and processes of therapy groups” (8.2), appropriately assuming the “therapist role in both individual and group therapy” (9.3), and appreciating and having skill in working with “diverse cultural backgrounds” (17.9 and 17.11).

Problem solving. ‘Problem solving’ is a skill implicit in resolving conflicts (17.5), managing “situations in which there are clear and present dangers to the client and/or others” (14.4), and “[modifying] treatment approaches based on the client’s response to therapy” (14.5).

Reality testing. ‘Reality testing’ refers to maintaining objectivity in decision-making (MHS, 2011). The ability to remain objective in situations has many therapeutic applications. This competency is required in writing reports throughout treatment (15.3), resolving conflicts (17.5), as well as more specific clinical decisions not included in the professional competencies.

Impulse control. ‘Impulse control’ refers to resisting temptations when making decisions (MHS, 2011). This operational definition implies that in certain situations in clinical practice there are temptations that would be inappropriate to act on. Impulse control is implicit in resolving conflicts (17.5), respecting and working effectively with diverse backgrounds and populations (17.9 & 17.11), and understanding the role the therapist plays in various contexts (9.3, 18.1, and 18.2).

Flexibility. The ability to appropriately alter ideas and actions in unpredictable situations operationally defines ‘flexibility’ (MHS, 2011). Flexibility may be implied in resolving conflicts (17.5), interprofessional collaboration (18), and especially the ability to “recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur” (13.1).

Stress tolerance. ‘Stress tolerance’ is an emotional competency involving effectively managing taxing situations. Although therapists will experience stress in different ways, “[demonstrating] dependability: [following] through with all tasks regarding education and professional training” (17.3), meeting deadlines (17.6), maintaining repertoire (13.12), keeping accurate records (15.2), and collaborating with other professionals (18) may contribute to higher stress levels and demand a high level of competence.

Emotional intelligence in the AMTA Advanced Competencies. The advanced competencies outline the skills and responsibilities of music therapy practitioners at the professional and advanced levels of practice (AMTA, 2009). These competencies are meant to set standards for higher levels of education for the music therapy profession and reflect trends in research and best practices.

Self-regard. The advanced competencies call for a keen awareness and acceptance of one's self to increase effectiveness. The emotional competency of 'self regard' is implied in "evaluating the effects of one's own personality, supervisory style, and limitations... and seek consultation" (2.9). Music therapists should also exercise this competency in "[acknowledging]... biases and personal limitations related to research" (6.5) and "[recognizing] limitations in competence" as it pertains to personal growth and development (8.5).

Self-actualization and emotional self-awareness. 'Self-actualization' is implied in a music therapist's ability to "promote professional growth [and awareness]... of [his/her] supervisee" (2.2) and to "practice strategies for self care" (8.6). These competencies also imply the emotional competency 'emotional self-awareness', which can also be implicit in the music therapist's ability to "evaluate the effects of one's own personality, supervisory style, and limitations on the supervisee and the supervisory process..." (2.9), use "self awareness... to deepen the client's process in music therapy" (8.1), isolate and give personal attention to one's "personal issues" (8.2), and "use personal reflection" (8.4).

Emotional expression. The advanced competencies call for music therapists to be competent in 'emotional expression'. Emotional expression is implicit in the "[utilizing] advanced verbal and nonverbal interpersonal skills" (4.10) and personally reflecting through various methods for personal and professional growth (8.4).

Assertiveness. The emotional competency of 'assertiveness' is not directly mentioned in the professional competencies, but this competency will be necessary in any

task involving effective collaboration with others (5.5, 6.9) and working successfully in supervision relationships (2.1, 2.2, 3.7, 4.10).

Interpersonal relationships. ‘Interpersonal relationships’ may be implied in the advanced competencies in communication and collaborating with others (5.5 & 6.9) and in “[maintaining] effective supervisory relationships” (2.1 & 3.7).

Social responsibility. According to the advanced competencies, music therapists must “demonstrate comprehensive knowledge of client rights” (4.16). This competency suggests that a practicing music therapist must have the emotional competence of ‘social responsibility’. The concern for the greater community entails knowing its entitlements and asserting rights to bring about or maintain positive change.

Reality testing. It is of the music therapist’s best interest to have ‘reality testing’ competence when “using best professional judgment in all areas of professional conduct” (8.11). Maintaining objectivity during verbal and nonverbal communication is imperative (4.10).

Stress Tolerance. The advanced competencies suggest taking measures to take care of one’s self. This necessity requires the emotional competency of ‘stress tolerance’ (8.6).

Optimism. Multi Health Systems (2011) describes ‘optimism’ as a person’s display of his or her affirmative approach to life. This competency is subjective to each practitioner, but the advanced competencies call for music therapists to “utilize management strategies to establish and maintain effective relationships and a high level of motivation among staff” (3.7). It is inherent here that high motivation calls for optimism or a positive attitude.

Emotional intelligence is not directly referenced using that specific terminology in any of the professional documents of the American Music Therapy Association, but it is evident that the profession, through its guidelines and defining documents, not only values the competencies inherent in emotional intelligence but holds practitioners responsible for these emotional competencies in one capacity or another.

EI in the music therapy profession. The modern construct of emotional intelligence is not as transparently addressed in the music therapy literature as it is in other health and helping professions such as nursing and social work. However, music therapy researchers have expressed the need for students to have a degree of emotional maturity to be effective in practice for decades. Brookins (1984) conducted a survey of music therapy clinical training directors “to determine the knowledge, skills, and attributes a clinical training director considers important when selecting a music therapy intern” (p. 194). In one area of the questionnaire, clinical directors ranked personal characteristics of a prospective intern in order of importance. The highest-ranking personal characteristics of prospective interns were “emotional maturity,” “independence,” and “desire to learn” (p. 197) respectively with a cumulatively highest-ranking characteristic of independence. Survey respondents added a variety of other desirable characteristics: “integrity, ability to accept criticism, responsibility, flexibility, self-motivation, and self-esteem (p. 197). In an “interpersonal skills” section of the questionnaire, respondents ranked “ability to express need and feelings,” “assertiveness,” and “sensitivity” respectively in order of importance with a cumulatively highest-ranking characteristic of “ability to express needs and feelings” (p. 198). Brookins concluded that “in addition [to other skill sets], the prospective intern should be independent, self-

motivated, flexible, and have integrity, and should possess an ability to express needs and feelings, to be sensitive and listen to others, and to be honest.” These qualities and characteristics align with emotional intelligence constructs other helping professions are using to improve their quality of services.

In a more recent study, Hsiao (2014) surveyed music therapy academic training directors and internship directors to determine the extent of gatekeeping practices to protect the music therapy profession and its clients. One focus of this study was to isolate the most common indicators of trainees with severe professional competency problems (SPCP). Music skill development was the top concern among academic training directors and internship directors. The subsequent seven indicators of SPCP included:

(1)“emotional instability/Evidence of mood disorder,” (2)“ Limited communication skills,” (3)“Deficient interpersonal skills,” (4)“Defensiveness in supervision,” (5)“Lack of insight,” (6)“Deficient leadership skills,” and (7)“Unprofessional demeanor/conduct” (p. 195). Respondents provided additional indicators of SPCP in the “other” selection of the questionnaire such as “emotional maturity,” “openness,” “flexibility,” “independence,” “immaturity in social situations,” “and lack of professionalism” (p. 196). Each of the indicators listed above are synonymous with components of the aforementioned EI constructs.

Hsiao (2014) included the preadmission assessment methods used by academic training directors and internship directors. It was determined that all internships require letters of recommendation while other requirements for internship included “a personal interview,” “a transcript,” “a written personal statement,” “functional music skill assessment,” “essays,” “demonstration of clinical skills,” and “site visits” (p. 196). The

ways in which emotional SPCP indicators were evaluated through the prospective intern assessment methods were not made clear.

Tangential research topics in music therapy allude to the importance of the emotional competencies. Valentino (2006) studied cross-cultural empathy among music therapists. She found that those music therapists who had received training in cross-cultural empathy exhibited higher cross-cultural empathy scores than those who had not received training. Furthermore, the results indicated that music therapists believe that attributes of cross-cultural empathy is necessary in effective music therapy practice.

Decuir (2010) conducted a survey asking experienced music therapy professionals with ten or more years of experience what factors contributed to career longevity and persistence. Respondents indicated that “people skills” and “empathy” were among the most “important defining characteristics of good music therapists” (p. 138). Decuir (2010) also suggested that understanding the personality traits of successful music therapists might aid educators in helping music therapy students determine suitability to the field.

Camilleri (2001) emphasized that music therapists with strong self-awareness will improve authenticity, availability, presence, empathy, connection with clients, and in meeting clients’ emotional needs. In researching personality, burnout, and longevity among professional music therapists, Vega (2010) administered the Sixteen Personality Factor Questionnaire to develop a personality profile of music therapists. Among the highest-scoring personality factors in music therapists were “sensitivity,” “warmth,” “openness to change,” “self-reliance,” “rule-consciousness,” and “self-control” (p.173). These personality factors align with the following EQ-i 2.0 emotional competencies:

problem solving, empathy, flexibility, independence, social responsibility, and impulse control (MHS, 2011). Existing music therapy literature, much in the form of survey inquiry to educators, trainers and clinicians, seems to indicate a value for emotional intelligence among professionals.

Despite the value the helping professions place on Emotional Intelligence in training and practice, no studies to date have specifically examined the role of EI within music therapy training or practice. The researcher found no documented comprehensive emotional construct specific to the rigorous and unique training in music therapy by which music therapy training directors and internship directors may evaluate the suitability of a program applicant or participant. Therefore, the purpose of this study was to ascertain national roster music therapy Internship Directors' perspectives on the importance of emotional intelligence and to determine how the associated skills and attributes of EI are assessed in the music therapy internship application process. The following research questions were asked during this study:

Research Question 1: During the internship application process, how important do Internship Directors perceive emotional intelligence to be during the assessment of prospective interns' fit for an internship?]

Research Question 2: In what order of importance do Internship Directors list the five subcategories of emotional intelligence (Self Perception, Self Expression, Interpersonal, Decision Making, and Stress Management)?

Research Question 3: Which emotional competencies do Internship Directors assess? If assessed, in which initial application, supporting documentation and/or interview components is each emotional competency assessed?

Research Question 4: During the internship application process, how important do Internship Directors perceive emotional intelligence to be when compared to other skill sets assessed (i.e. music skills, knowledge and skills, therapeutic skills)?

Chapter 3

Method

Participants

Potential respondents included all active national roster music therapy internship directors at the time of the study ($N=150$). Active national roster music therapy internships are those that currently have training opportunities available for students who have completed their academic training and seek eligibility for board certification. According to the American Music Therapy Association National Roster Internship Guidelines, all national roster music therapy internship directors must be credential- or designation-holding music therapists who have, at minimum, a bachelor's degree, two years of full-time clinical experience, and at least one year of experience working in the internship setting (AMTA, 2014). The researcher submitted a contact information request with AMTA to obtain potential participants' names and email addresses to use for research purposes.

Human Subjects Informed Consent

The information statement for participation in this study was included as part of the online survey, indicating that participation was voluntary without compensation and that no potential risks had been identified as a result of participation in this study. The statement informed participants that completion of the survey implied consent that they may have withdrawn from the study at any point by exiting the survey, and that any personal or identifying information obtained from participants remained confidential.

Materials. An online survey was developed by the researcher to gain insight into internship directors' perspectives about importance of emotional intelligence and

assessment of emotional intelligence during the internship application process. This survey was distributed to participants through the online survey interface, SurveyMonkey® (surveymonkey.com).

The first part of the survey gathered demographic information regarding the participants and the screening methods they use during the selection process for assessing prospective interns' suitability for their internship. Demographic information included the age ranges served, populations served, settings in which internship directors work, the internship director's age, the internship's AMTA region, number of years the internship director has held his or her position, the number of interns accepted per year, and the number of supervising music therapists including the internship director. Internship directors were asked to indicate which components they include in the application process for their internships. These included but were not limited to: application form, transcript, resume, philosophy of music therapy, phone interview, and session facilitation. They had the opportunity to add an additional component not listed by the researcher on the survey. The complete survey can be found in the Appendix.

The second part of the survey was based on the revised edition of Bar-On's assessment of emotional intelligence (1997), the Emotional Quotient Inventory (EQ-i) 2.0 (MHS, 2011), as outlined in Table 4. It contained 15 Likert-type questions. Each question provided a definition of the EI Subcategory (e.g., Self-Perception), a corresponding competency (e.g., Self-Regard) and the prompt for Internship Directors to respond how important that competency is when determining an applicant's fit for their internship. The purpose of using the Likert-type scale was to encourage participants to reveal their opinions of the importance of each emotional competency in determining a prospective

intern's suitability for the internship. Each Likert-type importance question was paired with a multiple response question asking participants to select the methods used to assess each applicable emotional competency as described below in Table 4. An option to choose "Do Not Assess" was provided.

The survey concluded with an opportunity for participants to rank order the five emotional intelligence (EI) subcategories in order of importance from 1 to 5; 1 being the most important and 5 being the least important. Then participants were asked to rank order overall emotional intelligence compared to music skills, clinical skills, and therapeutic foundations, when determining an applicant's suitability for the internship.

Table 4

The Emotional Quotient Inventory 2.0.

EI Subcategories	Competencies
Self Perception	<p>Self Regard is respecting oneself while understanding and accepting one's strengths and weaknesses. Self-Regard is often associated with feelings of inner strength and self-confidence.</p> <p>Self Actualization is the willingness to persistently try to improve oneself and engage in the pursuit of personally relevant and meaningful objectives that lead to a rich and enjoyable life.</p> <p>Emotional Self Awareness includes recognizing and understanding one's own emotions. This includes the ability to differentiate between subtleties in one's own emotions while understanding the cause of these emotions and the impact they have on the thoughts and actions of oneself and others.</p>
Self Expression	<p>Emotional Expression is openly expressing one's feelings verbally and non-verbally.</p> <p>Assertiveness involves communicating feelings, beliefs and thoughts openly, and defending personal rights and values in a socially acceptable, non-offensive, and non-destructive manner.</p> <p>Independence is the ability to be self directed and free from emotional dependency on others. Decision-making, planning, and daily tasks are completed autonomously.</p>

Interpersonal	<p>Interpersonal Relationships refers to the skill of developing and maintaining mutually satisfying relationships that are characterized by trust and compassion.</p> <p>Empathy is recognizing, understanding, and appreciating how other people feel. Empathy involves being able to articulate your understanding of another's perspective and behaving in a way that respects others' feelings.</p> <p>Social responsibility is willingly contributing to society, to one's social groups, and generally to the welfare of others. Social Responsibility involves acting responsibly, having social consciousness, and showing concern for the greater community.</p>
Decision Making	<p>Problem Solving is the ability to find solutions to problems in situations where emotions are involved. Problem solving includes the ability to understand how emotions impact decision making.</p> <p>Reality Testing is the capacity to remain objective by seeing things as they really are. This capacity involves recognizing when emotions or personal bias can cause one to be less objective.</p> <p>Impulse Control is the ability to resist or delay an impulse, drive or temptation to act and involves avoiding rash behaviors and decision-making.</p>
Stress Management	<p>Flexibility is adapting emotions, thoughts and behaviors to unfamiliar, unpredictable, and dynamic circumstances or ideas.</p> <p>Stress Tolerance involves coping with stressful or difficult situations and believing that one can manage or influence situations in a positive manner.</p> <p>Optimism is an indicator of one's positive attitude and outlook on life. It involves remaining hopeful and resilient, despite occasional setbacks.</p>

Procedure. Upon Human Subjects Committee and AMTA email dissemination approval, an email with a link to the online information statement and survey was sent to all AMTA national roster internship directors ($N=150$) with a targeted response rate of at least twenty percent. The researcher sent internship directors this initial email containing a secure link to the survey. Participants indicated their willingness and implied consent to

participate in this research study by clicking the link provided. Internship directors received a second e-mail one week following the initial e-mail reminding them of the study, and if they have not already done so, asking them to complete the survey. A third and final e-mail was sent three weeks following the initial e-mail. Participants had a total of four weeks to participate in this study. The online survey was administered through SurveyMonkey® (surveymonkey.com) and took between ten and fifteen minutes to complete. Information in participants' responses that may have revealed the identity of an individual was not included in any data analyses or dissemination.

Data Analysis. All responses to the survey were collapsed and examined using descriptive statistics to determine frequencies and percentages of most highly ranked emotional competencies in importance, which emotional competencies are assessed, in which application or interview components they are assessed, and how important emotional intelligence is compared to other skill sets assessed in determining an applicant's suitability to an internship during the internship application and/or interview process.

Data collection as related to research questions. To be more specific, the first research question [During the internship application process, how important do Internship Directors perceive emotional intelligence to be during the assessment of prospective interns' fit for an internship?] was addressed through Likert-type questions asking participants to indicate the importance of each emotional competency [survey questions 13, 18, 23, 28, 33, 38, 43, 48, 53, 58, 63, 68, 73, 78, and 83] using the following scale: very unimportant, unimportant, somewhat important, neutral, somewhat important, important, very important. The second research question [In what order of importance do

Internship Directors list the five categories of emotional intelligence (Self Perception, Self Expression, Interpersonal, Decision Making, and Stress management)] was added to specify the importance of one subcategory of emotional intelligence over another [survey question 88], prompting participants to rank order the five subcategories of emotional intelligence. The third research question [Which emotional competencies do Internship Directors assess? If assessed, in which initial application, supporting documentation and/or interview components is each emotional competency assessed?] was addressed in questions asking participants to select from a list the application, supporting documentation and/or interview components in which each emotional competency is assessed [survey questions 14, 15, 16, 17, 19, 20, 21, 22, 24, 25, 26, 27, 29, 30, 31, 32, 34, 35, 36, 37, 39, 40, 41, 42, 44, 45, 46, 47, 49, 50, 51, 52, 54, 55, 56, 57, 59, 60, 61, 62, 64, 65, 66, 67, 69, 70, 71, 72, 74, 75, 76, 77, 79, 80, 81, 82, 84, 85, 86, and 87]. The fourth research question [During the internship application process, how important do Internship Directors perceive emotional intelligence to be when compared to other skill sets assessed (i.e. music skills, knowledge and skills, therapeutic skills)?] was addressed in one question [survey question 89] prompting participants to rank order the four areas in importance for being a strong candidate at the internship site. AMTA suggested changing “Clinical Foundations” in question 89 to “Knowledge and Skills (per AMTA Professional Competencies)” to allow for more specificity.

Chapter 4

Results

Fifty-five National Roster Internship Directors (initial response rate = 39.6%) completed the survey. One hundred and fifty initial emails were sent. Eleven of the emails were returned undeliverable for a total of 139 possible respondents. One respondent was removed from this original sample due to inconsistent responses on the survey. This respondent consistently marked each emotional competency as very unimportant, while ranking emotional intelligence, as a whole, as very important. The removal of this respondent resulted in a total of fifty-four respondents (response rate = 38.9%) from a possible 139 National Roster Internship Directors.

To help determine breadth of respondent representation, internship directors were asked to indicate some demographic information including AMTA region of affiliation, age-range and population served at their internship site. Respondents represented all seven regions of the American Music Therapy Association as shown in Table 5 with most respondents affiliating with the Great Lakes region (20.37%), Mid-Atlantic Region (18.52%) and Southeastern region (18.52%); and with the least number of respondents affiliating with the New England region (1.85%). The representation of respondents per region is similar to the representation of music therapists working in each region of AMTA according to the Workforce Analysis Survey and Report (AMTA, 2014). The AMTA member Workforce Analysis Survey (2014) presented 25.10% of AMTA membership in the Great Lakes Region, 23.60% membership in the Mid-Atlantic region, 11.46% membership in the Midwest Region, 5.87% membership in the New England Region, 16.37% membership in the Southeastern Region, 7.50% membership in

Southwestern Region, and 10.10% membership in the Western Region.

Table 5

Respondents' Representation of AMTA Regions

AMTA Region	<i>N</i>	%
Great Lakes	11	20.37
Southeastern	10	18.52
Mid-Atlantic	10	18.52
Midwestern	9	16.67
Western	8	14.81
Southwestern	5	9.26
New England	1	1.85

Table 6 shows the distribution of ages served by all responding internship directors. An internship site could serve more than one age range category. The age ranges served the most were infants/children (63.0%) and young adults (63.0%), followed by teens (61.1%), adults (59.3%), pre-teens (57.4%) and seniors (57.4%). Table 7 summarizes the distribution of populations served by internships of all responding internship directors. All possible populations listed on the AMTA database, except Music Education College Students and Music Therapy College Students, were being served by respondents. This omission was expected as this category is not a population option for an internship placement. One internship site could serve more than one of the listed populations. The most common population served was individuals with developmental disabilities (53.7%). Somewhat commonly served populations included Autism Spectrum Disorders (37.0%), Multiply Disabled (35.2%), Neurologically Impaired (35.2%), Mental Health (31.5%), Early Childhood (29.6%), Terminally Ill (29.6%), and School Age (29.6%). The only age range that seemed to be not well represented was pre-natal (7.4%).

Table 6

Ages Ranges Served

Age Ranges Served	N	%
Infants/Children	34	63.0
Young Adults	34	63.0
Teens	33	61.1
Adults	32	59.3
Pre-teens	31	57.4
Seniors	31	57.4
Pre-natal	4	7.4

Table 7

Populations Served by National Roster Internship Sites

Populations Served	N	%
Developmentally Disabled	29	53.7
Autism Spectrum Disorders	20	37.0
Multiply Disabled	19	35.2
Neurologically Impaired	19	35.2
Mental Health	17	31.5
Early Childhood	16	29.6
School Age Population	16	29.6
Terminally Ill	16	29.6
Head Injured	15	27.8
Medical/Surgical	15	27.8
Physically Disabled	15	27.8
Alzheimer's/Dementia	13	24.1
Behavioral Disorder	13	24.1
Stroke	13	24.1
Visually Impaired	13	24.1
Cancer	12	22.2
Dual Diagnosed	12	22.2
Speech Impaired	12	22.2
Hearing Impaired	11	20.4
Emotionally Disturbed	10	18.5
Learning Disabled	9	16.7
Post Traumatic Stress Disorder	9	16.7
Substance Abuse	9	16.7
Comatose	7	13.0
Chronic Pain	6	11.1
Rett Syndrome	6	11.1

Forensic	5	9.3
Parkinson's	5	9.3
Abused/Sexually Abused	3	5.6
Eating Disorders	2	3.7
Non-Disabled	2	3.7
AIDS	1	1.9
Music Education College Students	0	0.0
Music Therapy College Students	0	0.0

As part of the survey, internship directors were asked to indicate how many interns they served annually, their own age, and the length of time they have been serving as an Internship Director. Respondents indicated accepting between 1 and 12 interns annually; 35.2% of respondents accepted an average of two interns annually, followed by three (18.5%), one (16.7%), four (14.8%), six (5.6%) and eight (5.6%), and finally twelve interns annually (3.7%).

Internship directors also provided information about themselves. Respondents reported their own ages as between 26 and 63. One respondent reported an age of '0' that was not subsequently included in the reported age range due to an assumed typographical error in responding. Respondents reported an average age of 42.62 years, a median of 43 years, and mode of 30 years. The length of time serving as a National Roster Internship Director for respondents is shown in Table 8. Most respondents had served as internship directors between zero and 4 years (38.9%), followed by 5-9 years (20.4%) and 10-14 years (20.4%).

Table 8

Years as National Roster Internship Director

Number of Years	<i>N</i>	%
0-4	21	38.8
5-9	11	20.4
10-14	11	20.4
15-19	7	13.0
20+	4	7.4

Internship Application Process

The components of the internship application process were divided into three subcategories: initial application components, supporting documentation components, and interview components. The subcategories were selected, because students traditionally submit preliminary documentation to the Internship Directors to be considered for the internship. Then the Internship Director might ask for more information from the prospective intern to help determine who will be offered an interview. Finally, the Internship Director typically holds interviews before extending an offer to any prospective intern. The components included in respondents' internship application processes divided by subcategory are shown in Table 9. Respondents were able to check more than one application component within each internship application phase as applicable. Respondents also had an opportunity to add components that were not included in the original list on the survey. These responses are reported below.

Table 9

Internship Application Process Components

Internship Application Process Components	<i>N</i>	%
<u>Initial Application Components</u>		
Recommendation Letter(s)	54	100.0
Application Form	52	96.3
Transcripts	48	88.9
Resume	47	87.0
Cover Letter/Letter of Intent	30	55.6
None of These	1	1.9
<u>Supporting Documentation Components</u>		
Essay	32	60.4
Philosophy of Music Therapy Statement	30	56.6
Music Skills Demonstration (video)	26	49.1
Scenario Responses	18	34.0
Examples of Written Clinical Documentation	10	18.9
None of These	5	9.4
Observed Session Facilitation (video)	4	7.5
<u>Interview Components</u>		
On-Site Interview	48	88.9
Facility Tour	45	83.3
Music Skills Demonstration (onsite)	45	83.3
Video Conference Interview	27	50.0
Phone Interview	19	35.2
Music Skills Demonstration (video)	19	35.2
Observed Session Facilitation (onsite)	11	20.4
Interview at Regional/National Conference	10	18.5
Observed Session Facilitation (video)	4	7.4
None of These	0	0.0

Note: Higher incident components are indicated in bold font in the table.

Initial application components. All respondents reported using recommendation letters in the internship application process. Other highly used components were an application form (96.3%), transcripts (88.9%), and a resume (87.0%). Only one respondent reported not including any of the listed initial application components in the internship application process. Nine respondents opted to indicate additional application components by selecting the “other” category. They specified “audition (piano, voice, guitar),” “transcript optional,” “recommendation form filled out by academic director and

a statement of expectations of the internship site,” “essay,” “recording of musical skills,” “recorded musical excerpts (one primary instrument, one with guitar accompaniment, one with piano),” “competency skills evaluation by university professor,” “letter of eligibility from professor,” “short paper on why you want to intern at this facility,” and “videos.”

Supportive documentation components. Most of the respondents reported including an essay (60.4%) and a philosophy of music therapy statement (56.6%) in the internship application process. Five respondents (9.4%) reported not including any of the supportive documentation components provided and did not add components through the “other” option. However, eleven respondents added supportive documentation components through the option to select “other” and specified: “informal lunch,” “Skype interviews,” “video response to questions,” and “writing about an observed session.”

Interview Components. Respondents reported the following interview components most frequently: on-site interview (88.9%), facility tour (83.3%), and music skills demonstration (onsite) (83.3%). Four respondents added interview components through the option to select “other” and specify: “informal lunch,” “clinical documentation,” “advocacy,” and “narrative writing assessment.”

Research Question 1: During the internship application process, how important do Internship Directors perceive emotional intelligence to be during the assessment of prospective interns’ fit for an internship?

Importance of EI During the Assessment of Prospective Interns

As part of the survey, respondents were presented with 15 emotional competencies divided across five sub-categories, the individual definitions of each competency (Table 4), and an opportunity to articulate each competency’s level of

importance in determining a prospective intern's suitability or fit for the respondent's internship. These responses are shown in Table 10. The majority of respondents (72.00% to 100.00% across competencies) indicated that each emotional competency was either important or very important. The five individual competencies that were selected by a majority of respondents as very important included Interpersonal Relationships (63.00%), Empathy (64.80%), Problem Solving (61.10%), Flexibility (64.80%), and Stress Tolerance (57.40%). This list remained somewhat comparable when looking at the individual competencies that were selected by a majority of respondents as very important or important combined with the inclusion of only one additional competency: Emotional Self-Awareness (87.00%), Interpersonal Relationships (90.08%), Empathy (100.00%), Problem Solving (87.00%), Flexibility (98.10%), and Stress Tolerance (92.60%). These competencies are listed in the order they appear in the survey.

Very few respondents considered any of the 15 emotional competencies as somewhat unimportant, unimportant, or very unimportant. Of the 15 emotional competencies, seven had no respondents perceive them as falling under one of these three "unimportant" response options. Seven of the remaining emotional competencies each had only 1.90% of respondents viewing them as falling under one of these "unimportant" response options and are listed here in survey order: Self-Actualization, Emotional Self-Awareness, Assertiveness, Social Responsibility, Reality Testing, Impulse Control, and Optimism. It is interesting to note that Emotional Self-Awareness was one of the emotional competencies that 87% of respondents felt was either Very Important or Important during the assessment of suitability for the internship. The remaining competency, Self Regard, was viewed by 5.60% of respondents as falling under one of

the “unimportant” response options. Complete information about all 15 emotional intelligence competencies across all seven of the response options (Very Important to Very Unimportant) is reported in Table 10.

Table 10.

Importance of Emotional Competencies

Emotional Competency	Very Important		Important		Somewhat Important		Neutral		Somewhat Unimportant		Unimportant		Very Unimportant	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<u>Self Perception</u>														
Self Regard	15	27.8%	31	57.4%	5	9.3%	0	0%	2	3.7%	0	0%	1	1.9%
Self-Actualization	20	37%	26	48.1%	4	7.4%	3	5.6%	1	1.9%	0	0%	0	0%
Emotional Self-Awareness	25	46.3%	22	40.7%	5	9.3%	1	1.9%	0	0%	0	0%	1	1.9%
<u>Self Expression</u>														
Emotional Expression	15	27.8%	30	55.6%	9	16.7%	0	0%	0	0%	0	0%	0	0%
Assertiveness	12	22.2%	28	51.9%	12	22.2%	1	1.9%	1	1.9%	0	0%	0	0%
Independence	27	50%	18	33.3%	8	14.8%	1	1.9%	0	0%	0	0%	0	0%
<u>Interpersonal</u>														
Interpersonal Relationships	34	63%	15	27.8%	4	7.4%	1	1.9%	0	0%	0	0%	0	0%
Empathy	35	64.8%	19	35.2%	0	0%	0	0%	0	0%	0	0%	0	0%
Social Responsibility	12	22.2%	23	42.6%	13	24.1%	5	9.3%	1	1.9%	0	0%	0	0%
<u>Decision Making</u>														
Problem Solving	33	61.1%	14	25.9%	7	13%	0	0%	0	0%	0	0%	0	0%
Reality Testing	17	31.5%	22	40.7%	9	16.7%	5	9.3%	0	0%	1	1.9%	0	0%
Impulse Control	18	33.3%	26	48.1%	7	13%	2	3.7%	0	0%	1	1.9%	0	0%
<u>Stress Management</u>														
Flexibility	35	64.8%	18	33.3%	1	1.9%	0	0%	0	0%	0	0%	0	0%
Stress Tolerance	31	57.4%	19	35.2%	4	7.4%	0	0%	0	0%	0	0%	0	0%
Optimism	10	18.5%	29	53.7%	11	20.4%	3	5.6%	0	0%	1	1.9%	0	0%

Research Question 2: *In what order of importance do Internship Directors list the five subcategories of emotional intelligence (Self Perception, Self Expression, Interpersonal, Decision Making, and Stress Management)?*

Respondents ranked the five Emotional Intelligence subcategories (Self Perception, Self Expression, Interpersonal, Decision Making, and Stress Management) in importance when determining a prospective intern's suitability for an internship. One respondent only included a ranking for the first two EI Subcategories, so these data were removed from the analysis for a total N of only 53 for Table 11. Respondents ranked the "Interpersonal" subcategory as the most important followed by "Stress Management," "Decision Making," "Self Expression," and "Self Perception." In comparison with Table 10, when adding the respondent designation of ratings for both very important and important within each EI Subcategory, the level of importance as a ranking indicator shifts dramatically. The new rank order position becomes "Stress Management" (N=142) followed by "Self Perception" (N=139), "Interpersonal" (N=138), with "Self Expression" (N=130) and "Decision Making" (N=130) sharing an even number of disbursement of respondent designations.

Table 11

Emotional Intelligence Subcategories Rank Order Positions

EI Subcategories	Rank Order Position									
	1 Most Important		2		3		4		5 Least Important	
	N	%	N	%	N	%	N	%	N	%
Self Perception; self regard, self actualization, emotional self awareness	8	15.09	10	18.87	8	15.09	12	22.64	15	28.30
Self Expression; emotional expression, assertiveness, independence	4	7.55	7	13.21	12	22.64	20	37.74	10	18.87
Interpersonal; Interpersonal Relationships, Empathy, Social Responsibility	24	45.28	13	24.53	3	5.66	6	11.32	7	13.21
Decision Making; problem solving, reality testing, impulse control	7	13.21	9	16.98	20	37.74	5	9.43	12	22.64
Stress Management; flexibility, stress tolerance, optimism	10	18.87	14	26.42	10	18.87	10	18.87	9	16.98

Internship Application Components Used to Assess the Emotional Competencies

Research Question 3: *Which emotional competencies do Internship Directors assess? If assessed, in which initial application, supporting documentation and/or interview components is each emotional competency assessed?*

To identify where the emotional competencies were assessed, respondents indicated which components of the overall application process were involved in assessing the 15 emotional competencies within each of the potential phases of the internship

application process; initial application components, supporting documentation components, and interview components. It is important to note that not all respondents indicated assessing all of the emotional competencies throughout the internship application process. The number of respondents who reported that they do not assess a specific emotional competency is shown in Table 12. Seven of the 54 respondents reported that they do not assess reality testing. This was the highest instance of an emotional competency not being assessed during some phase of the internship application process.

Table 12

Number of Respondents Who Do Not Assess Individual Emotional Competencies.

Emotional Competency	Do Not Assess
	<i>N</i>
Reality Testing	7
Social Responsibility	3
Impulse Control	3
Emotional Self Awareness	2
Self-Actualization	2
Interpersonal Relationships	2
Optimism	2
Emotional Expression	1
Self Regard	0
Independence	0
Assertiveness	0
Empathy	0
Stress Tolerance	0
Flexibility	0
Problem Solving	0

Initial application components. All five of the listed initial application components were reported as being used to determine interns' suitability for internship (see Table 9). Of the respondents, 100% indicated using "Letters of Recommendation" to

assess prospective interns' suitability for their internships. The percentage of respondents who indicated using recommendation letters specifically to assess the emotional competencies ranged from 59.30% (Reality Testing) to 87.00% for each of the Independence, Interpersonal Relationships, Flexibility and Problem Solving competencies. As might be expected, "Transcripts" seemed the least common Initial Application Component used to assess the emotional competencies with responses ranging from 1.90% of respondents using it to assess Emotional Expression to 22.20% for each of Independence and Stress Tolerance. As reported in Table 10 not all initial application components were used to assess the 15 emotional competencies. Twenty-nine percent of respondents did not use any of these components to assess Reality Testing, while 20.40% did not use any to assess either Impulse Control or Emotional Expression. A respondent could use more than one component; hence, percentages reflect multiple options for assessment with complete information found in Table 13.

Supporting documentation components. Respondents indicated using all six of the listed supporting document components to determine interns' suitability for internship (see Table 9). The Essay and the Philosophy of Music Therapy statement were the most frequently used supporting documentation components. Many respondents indicated they used the Essay to assess the emotional competencies within the supporting documentation components. As shown in Table 14, the percentage of respondents who indicated using an essay to assess specific emotional competencies ranged from 40.70% (Impulse Control) to 59.30% (both Emotional Expression and Empathy). Examples of Written Clinical Documentation, Music Skills Demonstration, and a video of an Observed Session Facilitation seemed less commonly used to assess the emotional

competencies. Thirty-one percent of respondents did not use any of these components to assess each of the following competencies: Interpersonal Relationships, Stress Tolerance, Optimism or Problem Solving. Complete information is found in Table 14.

Interview components. All nine of the listed interview components were reported as being used to determine interns' suitability for internship (see Table 9). On-site interview, facility tour, and onsite music skills demonstration were the most commonly used to assess an interns' suitability. Respondents consistently marked "On-Site Interview" as the most used interview component to assess each emotional competency. The percentage of respondents who indicated using the "On-Site Interview" ranged from 72.20% (Reality Testing) to 90.70% (Assertiveness). Sixteen percent of respondents did not use any of these components to assess Reality Testing, 11.10% did not use any to assess Impulse Control, while 9.30% did not use interview components to assess Social Responsibility. Complete information is found in Table 15.

Table 13

Assessment Methods Through Initial Application Components

Emotional Competencies	Cover Letter/ Letter of Intent		Application Form		Transcripts		Resume		Recommendati on Letters		None of These	
	N	%	N	%	N	%	N	%	N	%	N	%
Self Regard	18	33.3	28	51.9	7	13.0	17	31.5	39	72.2	5	9.3
Emotional Self Awareness	13	24.1	19	35.2	3	5.6	4	7.4	34	63.0	12	22.2
Self-Actualization	18	33.3	22	40.7	9	16.7	16	29.6	35	64.8	6	11.1
Independence	18	33.3	25	46.3	12	22.2	26	48.1	47	87.0	3	5.6
Emotional Expression	19	35.2	21	38.9	1	1.9	4	7.4	33	61.1	11	20.4
Assertiveness	22	40.7	23	42.6	6	11.1	16	29.6	41	75.9	5	9.3
Empathy	12	22.2	24	44.4	2	3.7	7	13.0	45	83.3	2	3.7
Social Responsibility	14	25.9	20	37.0	8	14.8	31	57.4	37	68.5	7	13.0
Interpersonal Relationships	9	16.7	22	40.7	3	5.6	12	22.2	47	87.0	6	11.1
Stress Tolerance	13	24.1	17	31.5	12	22.2	13	24.1	37	68.5	9	16.7
Flexibility	10	18.5	17	31.5	6	11.1	15	27.8	47	87.0	3	5.6
Optimism	19	35.2	17	31.5	4	7.4	10	18.5	39	72.2	7	13.0
Reality Testing	13	24.1	19	35.2	6	11.1	9	16.7	32	59.3	16	29.6
Impulse Control	10	18.5	12	22.2	7	13.0	5	9.3	38	70.4	11	20.4
Problem Solving	9	16.7	17	31.5	7	13.0	11	20.4	47	87.0	4	7.4

Table 14

Assessment Methods Through Supportive Documentation Components

Emotional Competencies	Essay		Philosophy of Music Therapy Statement		Examples of Written Clinical Documentation		Music Skills Demonstration (Video)		Observed Session Facilitation (Video)		Scenario Responses		None of These	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Self Regard	31	57.4	15	27.8	5	9.3	15	27.8	5	9.3	12	22.2	11	20.4
Emotional Self Awareness	31	57.4	18	33.3	4	7.4	12	22.2	5	9.3	15	27.8	11	20.4
Self-Actualization	31	57.4	19	35.2	4	7.4	6	11.1	3	5.6	14	25.9	12	22.2
Independence	28	51.9	14	25.9	5	9.3	5	9.3	3	5.6	16	29.6	14	25.9
Emotional Expression	32	59.3	19	35.2	4	7.4	11	20.4	3	5.6	13	24.1	11	20.4
Assertiveness	27	50.0	15	27.8	5	9.3	14	25.9	7	13.0	15	27.8	12	22.2
Empathy	32	59.3	20	37.0	6	11.1	4	7.4	5	9.3	16	29.6	9	16.7
Social Responsibility	26	48.1	21	38.9	4	7.4	3	5.6	1	1.9	14	25.9	14	25.9
Interpersonal Relationships	26	48.1	17	31.5	4	7.4	5	9.3	7	13.0	18	33.3	17	31.5
Stress Tolerance	23	42.6	14	25.9	4	7.4	6	11.1	4	7.4	16	29.6	17	31.5
Flexibility	25	46.3	15	27.8	4	7.4	9	16.7	5	9.3	18	33.3	14	25.9
Optimism	29	53.7	14	25.9	4	7.4	4	7.4	3	5.6	12	22.2	17	31.5
Reality Testing	24	44.4	17	31.5	7	13.0	4	7.4	3	5.6	18	33.3	16	29.6
Impulse Control	22	40.7	9	16.7	3	5.6	4	7.4	5	9.3	16	29.6	23	42.6
Problem Solving	26	48.1	11	20.4	7	13.0	5	9.3	4	7.4	20	37.0	17	31.5

Table 15

Assessment Methods Through Interview Components

Emotional Competencies	Phone Interview			Video Conference Interview			Interview at Regional/National Conference			On-site Interview			Facility Tour			Music Skills Demonstration (Video)			Music Skills Demonstration (Onsite)			Observed Session Facilitation (Video)			Observed Session Facilitation (Onsite)			None of These		
	N	%		N	%		N	%		N	%		N	%		N	%		N	%		N	%		N	%		N	%	
Self Regard	17	31.5		20	37.0		8	14.8		48	88.9		15	27.8		10	18.5		25	46.3		3	5.6		9	16.7		0	0.0	
Emotional Self Awareness	17	31.5		20	37.0		9	16.7		46	85.2		16	29.6		6	11.1		21	38.9		2	3.7		7	13.0		1	1.9	
Self-Actualization	18	33.3		21	38.9		9	16.7		45	83.3		10	18.5		6	11.1		21	38.9		1	1.9		7	13.0		3	5.6	
Independence	17	31.5		22	40.7		9	16.7		47	87.0		16	29.6		9	16.7		24	44.4		3	5.6		7	13.0		0	0.0	
Emotional Expression	18	33.3		21	38.9		10	18.5		46	85.2		14	25.9		9	16.7		26	48.1		4	7.4		8	14.8		1	1.9	
Assertiveness	18	33.3		21	38.9		11	20.4		49	90.7		20	37.0		9	16.7		28	51.9		4	7.4		9	16.7		0	0.0	
Empathy	18	33.3		21	38.9		10	18.5		48	88.9		20	37.0		4	7.4		18	33.3		4	7.4		11	20.4		0	0.0	
Social Responsibility	16	29.6		19	35.2		10	18.5		42	77.8		13	24.1		3	5.6		8	14.8		2	3.7		6	11.1		5	9.3	
Interpersonal Relationships	16	29.6		20	37.0		10	18.5		47	87.0		20	37.0		6	11.1		14	25.9		4	7.4		10	18.5		3	5.6	
Stress Tolerance	18	33.3		20	37.0		10	18.5		47	87.0		20	37.0		6	11.1		18	33.3		3	5.6		6	11.1		2	3.7	
Flexibility	18	33.3		20	37.0		9	16.7		47	87.0		20	37.0		6	11.1		26	48.1		3	5.6		12	22.2		0	0.0	
Optimism	18	33.3		21	38.9		11	20.4		47	87.0		14	25.9		7	13.0		16	29.6		2	3.7		9	16.7		2	3.7	
Reality Testing	16	29.6		18	33.3		10	18.5		39	72.2		10	18.5		4	7.4		15	27.8		1	1.9		8	14.8		9	16.7	
Impulse Control	19	35.2		20	37.0		11	20.4		41	75.9		17	31.5		8	14.8		20	37.0		3	5.6		11	20.4		6	11.1	
Problem Solving	19	35.2		19	35.2		9	16.7		48	88.9		13	24.1		4	7.4		25	46.3		3	5.6		10	18.5		0	0.0	

Importance of EI Compared to Other Skill Sets Assessed

***Research Question 4:** During the internship application process, how important do Internship Directors perceive emotional intelligence to be when compared to other skill sets assessed (i.e., music skills, knowledge and skills, therapeutic skills)?*

When asked to rank order the importance of skill sets established by AMTA professional competencies and educational standards with emotional intelligence competencies included as a fourth area, respondents positioned emotional intelligence across the scale of importance as reported in Table 16. Thirty-seven percent of respondents ranked Therapeutic Skills as most important skill set to assess during the internship application process. Emotional Intelligence followed closely with 31.48% of respondents ranking those competencies as most important to assess during the internship application process. When examining the second place ranking, there was more disparity of what should be ranked second, with 27.78% of respondents indicating Music Skills, 29.63% of respondents indicating Therapeutic Skills and 27.78% of respondents indicating Emotional Intelligence. Forty-three percent of respondents felt that Knowledge and Skills were the least important of the four categories of skills. Complete information of the rankings is reported in Table 16.

Table 16.

Importance of Emotional Intelligence Compared to other Skill Sets Assessed.

Skill Set	Rank Position							
	1 Most Important		2		3		4 Least Important	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Music Skills	9	16.67	15	27.78	20	37.04	10	18.52
Knowledge and Skills (per AMTA professional competencies)	8	14.81	8	14.81	15	27.78	23	42.59
Therapeutic Skills	20	37.04	16	29.63	12	22.22	6	11.11
Emotional Intelligence	17	31.48	15	27.78	7	12.96	15	27.78

Chapter 5

Discussion

Importance of EI During the Assessment of Prospective Interns

Whether or not Internship Directors previously identified with the concept and structure of Emotional Intelligence, the results of the survey indicate that they do find the competencies implied in EI as important when selecting their interns, and they do assess these emotional competencies throughout the entire internship application process. Some emotional competencies were reported to be more important than others, and the methods used to assess these competencies varied.

A majority of respondents selected the following five emotional competencies as “very important”, Interpersonal Relationships, Empathy, Problem Solving, Flexibility, and Stress Tolerance. Furthermore, **all** respondents reported Empathy as very important or important in determining an intern's suitability for their internship. This was the only unanimous response that implies an imperative area of focus for Academic Program Directors. If empathy is seemingly this important to an intern's acceptance to an internship, the profession must develop more concrete ways to observe, assess, report, and/or potentially impact a person's empathic ability.

Subsequently, the EI Subcategory viewed as most important was Interpersonal Skills. Competencies within this subcategory, which includes Empathy, should be assessed and documented throughout academic training. The intent would be for conscious reporting of tangible examples of this competency in support of an intern's application for an internship placement.

Respondents indicated that the least important EI Subcategory was Self Perception.

This is thought-provoking as EI scholars suggest that a person must first be emotionally self aware in order to best perceive and engage with emotional information from others (Bar-On, 1997; Goleman, 1995; Petrides & Furnham, 2001). It is possible that the subcategory of Self Perception may be less important in internships that do not require a substantial amount of autonomous learning. The emotional competencies in this subcategory rely on independent evaluation of the self and autonomous directionality toward self-determined end goals. Internships with more structure and supervision may not require interns to accurately assess or evaluate the self until later in the internship.

A few respondents indicated that some emotional competencies were not being assessed during the internship application process, even though all of the emotional competences were generally considered to be important. The emotional competencies labeled Self Regard, Emotional Expression, Independence, Interpersonal Relationships, Problem Solving, Reality Testing, and Optimism were reported by all respondents to be assessed at some point throughout the application process. It is interesting that Empathy is not included in this list of emotional competencies assessed by all respondents despite the designation by all respondents that empathy is ‘very important’ or ‘important’ in determining an intern’s suitability to an internship.

The emotional competency that was designated as most frequently not assessed during the internship application process was Flexibility. Seven respondents reported not assessing this competency (see Table 12). This may be because Flexibility, while being an important skill, is difficult to assess through the methods included in the internship application process.

Importance of EI Compared to Other Skill Sets Assessed

Respondents articulated through their survey responses that EI is important in determining an intern's suitability to an internship. However, the importance of EI as compared to other skill sets presented more disparity. This may be because EI as a construct has not been consistently considered by the music therapy academic and clinical training community as a traditional skill set used to determine a student's ability to succeed in a professional environment. It may also be because it is an uncommon task to rank order the different skill sets in importance, and different internships require different skill sets upon entrance.

Most respondents placed Therapeutic Skills in the top ranked position when asked to rank order the importance of the four sets (list them here) were placed in each of the rank positions by at least 11.11% of respondents (see Table 16). The next skill set with the second highest percentage of respondents indicating a first ranked position was Emotional Intelligence. This seems to indicate and support the survey results that Internship Directors feel that Emotional Intelligence is a priority for internship acceptance and potential success as a music therapist. Respondents indicated much more disparity in determining the skill set to be placed in the second rank position. Percentages of respondents almost equal in size ranked Music Skills, Therapeutic Skills, or Emotional Intelligence (28%, 30%, and 28% respectively) as the second most important skill set. This shows that Therapeutic Skills and Emotional Intelligence remain important, if not most important, in determining a student's suitability to an internship. Interestingly, Music Skills were designated by almost one-third (28%) of the respondents to be second most important with only 17% ranking them first. This may be because music skills can

be developed and improved according to the demands of each internship and are therefore less important in determining whether or not a prospective intern should or should not be offered the internship.

The least important skill set, as designated by survey respondents, was Knowledge and Skills. This could be because these skills are expected to develop specific to the client populations and clinical setting of the internship, making them less integral to the internship acceptance process. Perhaps it is most excusable for this skill set to need the most work at the time of the internship application. It is important to note that despite overall trends in these rank positions, each of the four skill sets were placed in each of the rank positions by at least 11.11% of respondents (see Table 16). That is to say, different internship directors consider different skill sets to be most and least important. Therefore, students applying for internships should prepare and prioritize each skill set, regardless of tendencies revealed in this study.

The presence of higher emotional intelligence in a music therapy student may be a factor that contributes to success in music therapy skill development across their academic career. Perhaps emotional intelligence is indeed so important to clinical development that it should be assessed and factored into a student's acceptance and placement into an academic music therapy program. As previous research suggests, the higher emotional intelligence a person has, the more competent they are in decision making, stress management, and reflecting more accurately on situations (Bulmer Smith, Profetto-McGrath, & Cummings, 2009; Freshwater & Stickley, 2004; Goleman, 1998; Gooch, 2006; Ingram, 2012; Morrison, 2007). More research is necessary to determine whether or not a student's high level of emotional intelligence in turn correlates with the

student's successful demonstration of Music Skills, Knowledge and Skills (as per AMTA Professional Competencies), and/or Therapeutic Skills.

Internship Application Components Used to Assess the Emotional Competencies

Initial application components. Within the initial application components, recommendation letters were the key component used to assess prospective interns' emotional competencies. Because emotional intelligence is a relatively new area of focus, Academic Program Directors and supervisors may not have a clear and consistent way of communicating a student's ability to thrive based on their emotional competencies. Furthermore, articulating a student's potential to succeed while expressing important weaknesses that must be addressed during internship can be a very difficult task if there is not verbiage for these specific issues. Clinical supervisors and Academic Program Directors writing recommendation letters for students could highlight emotional competencies that have made the student successful in the academic program. They could also isolate emotional competencies that will need to be developed in order for the student to enter the field and practice effectively.

Supporting documentation components. The essay was the most popular supporting documentation component for assessing the emotional competencies. The only competency that a majority of the respondents did not assess through the essay was impulse control. This might be because the essay is a self-report component of the application process and is not a viable way to assess one's ability to control his or her impulses. Impulse control may also be a less relevant emotional competency to assess, as it may not have a direct relationship with internship readiness as it is defined in the model used in this study.

The essay is an opportunity for the internship director to hear straight from the student's perspective on topics such as his or her academic and professional goals, reasons for pursuing a career in music therapy, personal strengths that will serve the internship institution, weaknesses or areas of growth on which the student is focusing, the student's approach to music therapy, as well as many other possible topics. In order to best assess emotional intelligence through the student's written essay, essay prompts could be carefully crafted to challenge the student to reflect on his or her own tendencies and behavior in various contexts and to discuss some ways in which the internship for which he or she is applying will support the student's Self-Perception, one of the five subcategories of Emotional Intelligence. For example, the prompt, "Describe how this internship will help you achieve your personal and professional goals", assesses a student's self-awareness and self-actualization, and warrants a response that is twofold. First, the response will provide insight into the level of research the student has put into the internship program, as it is important for the student to have a clear understanding of the internship experience he or she is seeking. Second, the response will demonstrate the student's awareness of his or her goals, strengths, and weaknesses; and it will indicate whether or not the student is pursuing an experience that has the potential to nurture the strengths and address the weaknesses.

Interview components. A majority of respondents indicated using the on-site interview to assess each emotional competency during this phase. An in-person interview allows the interviewer to gauge the interviewee's interpersonal and professional behaviors as well as any information gathered from the content of the interviewee's responses. Ideally, the interaction will feel comfortable and natural for both parties. However,

internship interviews can be very stressful for students for a variety of reasons and may not yield the most accurate assessment of the student's skills or suitability to the internship. Flexibility, Stress Tolerance, Optimism, Self-Regard, Self-Actualization, Emotional Self-Awareness, Emotional Expression, Assertiveness, Independence, Interpersonal Relationships, Empathy, Problem Solving, and Reality Testing are emotional competencies that can be assessed through careful intentionality in asking questions during the interview.

Interviewers should take advantage of the opportunity to learn more personal information about the prospective intern to assess his or her Flexibility, Stress Tolerance, Self-Regard, Emotional Self-Awareness, Emotional Expression, and Interpersonal Relationships. For example, the question "What are some personal habits that have benefitted you or your clients?" might solicit an answer that provides insight into trends and tendencies in the prospective intern's behavior that will likely occur throughout the internship. Conversely, asking the question "What are some personal habits that have inhibited you or your clients?" may provide insight into behavioral tendencies for which the internship director and internship supervision team will need to accommodate.

Interviewers could ask situational questions in order to assess the prospective intern's Flexibility, Stress Tolerance, Problem Solving, Empathy, and Independence. Situational questions can include those that prompt the prospective intern to share about a scenario that the prospective intern has been in that meets necessary predetermined criteria. Follow up questions could then provide the prospective intern with a site-specific scenario and require them to consider the situation and determine an appropriate course of action.

Limitations

One limitation of this study was the EI construct. While the construct is frequently used in assessing emotional intelligence, the Emotional Quotient Inventory 2.0 is not designed specifically for clinicians in the health and helping professions. Respondents might have designated more emotional competencies as important or very important if the emotional competencies had a more direct connection with clinical practice in music therapy. For example, the emotional competency of “Reality Testing” might be included in a health professions-based emotional intelligence construct as “Objectivity” in order to focus the skill on the individual’s ability to remain neutral and intentional while an event is taking place.

A second limitation of this study may be the research and survey questions construction. Research and survey questions were not designed to solicit deep insight into the specific traits of a clinician that would make a student successful at an internship based on client population or clinical setting. The intent was to get initial information about the perception of Internship Directors and how they view the competencies inherent in Emotional Intelligence. Future research could focus on and highlight the emotional competencies necessary in working with specific populations and settings of internships in order to more carefully discern specific competencies within particular contexts.

One question on the survey in particular may have presented a troubling challenge to respondents. The question that prompted respondents to rank order Emotional Intelligence in comparison to the three other skill sets typically assessed for the student music therapist. Ranking the importance of skill sets that are used simultaneously in

clinical practice is a difficult task. The difficulty of this task might have contributed to the disparity in the responses. The disparity may also have been a result of the context in which the Internship Director is working and may vary across populations or settings.

Another limitation of this study was the respondent pool. Although a satisfactory percentage of Internship Directors (38.8%) responded to this survey, these results do not necessarily represent this population as a whole even though the researcher did strive for representation across various characteristics. The unique subjectivity that is likely involved in each Internship Director's decision-making process is implicit in the variety of internship experiences available to music therapy students. In addition to the response rate, this study might have been more informative if the respondent pool had included Academic Program Directors as well as National Roster Internship Directors. Academic Program Directors could have provided insight into the emotional competencies present both at a student's entrance into a training program and throughout pre-internship study.

Given an opportunity to include Academic Program Directors and other teaching faculty to a respondent pool for this study, the research questions and survey would have to be adjusted. Academic Program Directors and teaching faculty spend a substantial period of time with students before they apply and interview for internship. Internship directors are tasked with reviewing various materials and resources to make a final decision about a student's suitability to a given internship and may have only observed certain skill sets related to professional competencies (e.g. faculty may only teach specific course at certain levels of training so they have limitations to the full range of skills sets they can discuss. While the current study focused on the importance and assessment methods of EI in determining a prospective intern's suitability to internship, a

similar study that included faculty could focus on the importance and assessment methods of EI in determining students' readiness, in general, for the internship experience. It would be important to identify the types of materials and observations faculty use to assess their students' Emotional Intelligence. This might also provide information for faculty when bringing students in to the academic program and/or when setting up placements for them during their clinical rotations.

Conclusion

National Roster Internship Directors identify Emotional Intelligence as being an important factor in determining an applicant's suitability for their internships. These findings are consistent with research in other health and helping professions, such as nursing and education, in that Emotional Intelligence could be an important factor in a student's success (Bulmer-Smith, Profetto-MGrath, Cummings, 2009; Evans & Allen, 2002; Facione & Facione, 1996; Holbery, 2014; Ingram, 2012; Kinman & Grant, 2011; Morrison, 2007). Therefore, EI should be an area of focus in the training and assessment of music therapy students prior to the internship application process and as such information that could be disseminated to Internship Directors from the Academic Program Directors.

With the understanding that Internship Directors are indeed assessing applicants' Emotional Intelligence and using these assessment methods to make acceptance decisions, Academic Program Directors could incorporate methods to best prepare students for this piece of the application process. Assessing a student's Emotional Intelligence prior to- or immediately following- entrance into the program, and monitoring emotional development throughout training, could give faculty a reliable

perspective on the student's emotional competencies. Having open conversations with students about their emotional competencies could likely increase the students' Self-Awareness. Students who are self-aware will likely speak more knowledgeably about their strengths and weaknesses in internship application materials and interviews. Academic Program Directors could also use verbiage that consistently reflects emotional competencies to describe exemplary and/or problematic areas of skill development. Using consistent language regarding the often-ambiguous topic of soft skills may provide Internship Directors with a clearer picture of the student and his or her abilities and needs entering internship. Likewise, Internship Directors who have specific expectations of applicants' emotional competencies could solicit Academic Program Directors to comment on a student's Emotional Intelligence within a given construct.

It would be interesting for the music therapy profession to determine which emotional competencies best exemplify a successful music therapy clinician. Identifying the relevant emotional competencies and using consistent language among supervisors, faculty, training directors, and internship directors, might allow for less ambiguous recommendations of students and clearer representations of students' abilities. More research is needed to establish the relationship between a music therapy student's emotional intelligence and his or her successful demonstration of the other skill sets typically assessed before and during the internship application process. This may lead researchers to a developmental model of emotional intelligence that consistently and accurately predicts a student's ability to thrive in the music therapy profession.

References

- Akerjordet, K., & Severinsson, E. (2007). Emotional intelligence: A review of the literature with specific focus on empirical and epistemological perspectives. *Journal of Clinical Nursing*, 16(8), 1405–16. doi:10.1111/j.1365-2702.2006.01749.x
- American Music Therapy Association (2009, November). *AMTA Advanced Competencies*. Retrieved from <http://www.musictherapy.org/members/advancedcomp/>
- American Music Therapy Association (2013, November). *AMTA Professional Competencies*. Retrieved from <http://www.musictherapy.org/about/competencies/>
- American Music Therapy Association (2014, November). *Code of Ethics*. Retrieved from <http://www.musictherapy.org/about/ethics/>
- American Music Therapy Association (2014, November). *National Roster Internship Guidelines*. Retrieved from http://www.musictherapy.org/careers/national_roster_internship_guidlines/
- Bar-On, R. (1997). *The Emotional Quotient Inventory (EQ-i): Technical Manual*. Toronto, Canada: Multi-Health Systems, Inc.
- Bar-On, R. (2003). How important is it to educate people to be emotionally and socially intelligent, and can it be done? *Perspectives in Education*, 21(4), 3-13.
- Bar-On, R. (2004). The Bar-On Emotional Quotient Inventory (EQ-i): Rationale, description, and summary of psychometric properties. In G. Gehrler (Ed.), *Measurement of emotional intelligence: Common ground and controversy* (pp. 111-142). Hauppauge, New York: Nova Science.

- Bar-On, R., Maree, J. G., & Elias, M. J. (2007). *Educating people to be emotionally intelligent*. Westport, CT: Praeger Publishers.
- Barbey, A. K., Colom, R., & Grafman, J. (2014). Distributed neural system for emotional intelligence revealed by lesion mapping. *Social Cognitive and Affective Neuroscience*, 9(3), 265–72. doi:10.1093/scan/nss124
- Beauvais, A. M., Brady, N., O'Shea, E. R., & Griffin, M. T. Q. (2011). Emotional intelligence and nursing performance among nursing students. *Nurse Education Today*, 31, 396–401. doi:10.1016/j.nedt.2010.07.013
- Bellack, J.P. (1999). Emotional intelligence: A missing ingredient? *Journal of Nursing Education*, 38, 3–4.
- Bellack, J.P., Morjikian, R., Barger, S., Strachota, E., Fitzmaurice, J., Lee, A., Kluzik, T., Lynch, E., Tsao, J., O'Neil, E.H. (2001). Developing BSN leaders for the future: the Fuld Leadership Initiative for Nursing Education (LINE). *Journal of Professional Nursing*, 17(1), 23–32.
- Boyatzis, R.E., Goleman, D., & Rhee, K. (1999). Clustering competence in emotional intelligence: Insights from the emotional competence inventory (ECI). In R. Bar-On & J. Parker (Eds.), *The Handbook of Emotional Intelligence* (pp. 363-388). San Francisco, CA: Jossey-Bass.
- Brackett, M.A., & Mayer, J.D., (2003). Convergent, discriminant, and incremental validity of competing measures of emotional intelligence. *Personality and Social Psychology Bulletin*, 29(9), 1147-58.

- Bulmer Smith, K., Profetto-McGrath, J., & Cummings, G. G. (2009). Emotional intelligence and nursing: an integrative literature review. *International Journal of Nursing Studies*, 46(12), 1624–36. doi:10.1016/j.ijnurstu.2009.05.024
- Camilleri, V. (2001). Therapist self-awareness: an essential tool in music therapy. *The Arts in Psychotherapy*, 28(1), 79–85. doi:10.1016/S0197-4556(00)00069-1
- Chabeli, M. (2006). Higher order thinking skills competencies required by outcomes-based education from learners. *Curationis*, 29(3), 78–86. doi:10.4102/curationis.v29i3.1107
- Kuar, D., Sambasivan, M., Kumar, N. (2013). Effect of spiritual intelligence, emotional intelligence, psychological ownership and burnout on caring behaviours of nurses: A cross-sectional study. *Journal of Clinical Nursing* 22(21-22), 3192-3202.
- Decuir, A. A., & Vega, V. P. (2010). Career longevity: A survey of experienced professional music therapists. *Arts in Psychotherapy*, 37(2), 135–142. doi:10.1016/j.aip.2009.12.004
- Edwards, S. (2014). Using personal narrative to deepen emotional awareness of practice. *Nursing Standard*, 28(50), 46–51.
- Evans D., & Allen H. (2002). Emotional Intelligence: Its role in training. *Nursing Times* 98(27), 41-42.
- Facione, N. C., & Facione, P. A. (1996). Externalizing the critical thinking in knowledge development and clinical judgment. *Nursing Outlook*, 44(3), 129–136. doi:10.1016/S0029-6554(06)80005-9
- Freshwater, D., & Stickley, T. (2004). The heart of the art: Emotional intelligence in nurse education. *Nursing Inquiry*, 11, 91–98.

- Frijda, N. (2000) Emotion: The psychologists point of view. In M. Lewis & J. Haviland-Jones (eds), *The Handbook of Emotions* (2nd ed.). New York, Guilford Press.
- Gardner, H. (1983). *Frames of mind: The theory of multiple intelligences*. New York: Basic Books.
- Goleman, D. (2001). An EI-based theory of performance. In C. Cherniss & D. Goleman (Eds.), *The Emotionally Intelligent Workplace* (pp.27-44). San Francisco: Jossey-Bass.
- Goleman, D. (1998). *Working with emotional intelligence*. London, Bloomsbury.
- Goleman, D., (1995). *Emotional intelligence*. Bantam Books, New York.
- Gooch, S. (2006). Emotionally smart. *Nursing Standard*, 20, 20–22.
- Grant, L., & Kinman, G. (2012). Enhancing wellbeing in social work students: Building resilience in the next generation. *Social Work Education*, 31(5), 605-621.
- Harrison, P. A. & Fopma-Loy, J. L. (2010). Reflective journal prompts: A vehicle for stimulating emotional competence in nursing. *The Journal of Nursing Education*, 49(11), 644–52. doi:10.3928/01484834-20100730-07
- Holbery, N. (2014). Emotional intelligence – Essential for trauma nursing. *International Emergency Nursing*, 8–11. doi:10.1016/j.ienj.2014.08.009
- Hsiao, F. (2014). Gatekeeping practices of music therapy academic programs and internships: A national survey. *Journal of Music Therapy*, 51(2), 186-206.
- Retrieved from
<http://search.proquest.com/docview/1605986661?accountid=14556>
- Ingram, R., (2012). Locating emotional intelligence at the heart of social work practice. *British Journal of Social Work*, 43, 987-1004.

- Kerfoot, K. (1996). The emotional side of leadership: the nurse manager's challenge. *Nursing Economics*, 14, 59–61.
- Kinman, G., & Grant, L., (2011). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *The British Journal of Social Work*, 41(2), 261-275.
- Kooker, B. M., Shoultz, J., & Codier, E. E. (2007). Identifying emotional intelligence in professional nursing practice. *Journal of Professional Nursing*, 23(1), 30–36.
doi:10.1016/j.profnurs.2006.12.004
- Kringelbach, M.L. (2005). The human orbitofrontal cortex: Linking reward to hedonic experience. *Nature Reviews Neuroscience*, 6, 691-702.
- Madsen, C. K., & Kaiser, K. A. (1999). Pre-internship fears of music therapists. *Journal of Music Therapy*, 36(1), 17-25.
- Mark, A. (2005). Organizing emotions in health care. *Journal of Health Organization and Management*, 19, 277-289.
- Mayer, J., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey and D. Sluyter (Eds.), *Emotional development and emotional intelligence: Educational implication* (pp. 3-31), NY: Basic Books.
- Mayer, J.D., Salovey, P., & Caruso, D.R., (2002). *Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)*. Toronto, Canada: Multi-Health Systems, Inc.
- McCown, K., Jensen, A.L., Freedman, J.M. & Rideout, M.C., (1998). *Self science: The emotional intelligence curriculum*. San Mateo, CA: Six Seconds.
- McQueen, A.C.H. (2004). Emotional intelligence in nursing work. *Journal of Advanced Nursing*, 47, 101–108.

- Morrison, T. (2007). Emotional intelligence, emotion an social work: context, characteristics, complications and contribution. *The British Journal of Social Work*, 37(2), 245-263.
- Multi Health Systems (2011). EQ-i Launch Kit. Retrieved from <https://tap.mhs.com/EQi20.aspx>
- Pellitteri, J. (2009). *Emotional processes in music therapy*. Gilsum, NH, USA: Barcelona Publishers.
- Peterson, C. H. (2012). Building the emotional intelligence and effective functioning of student work groups: Evaluation of an instructional program. *College Teaching*, 60, 112-121.
- Petrides, K. V., & Furnham, A. (2001). Trait emotional intelligence: Psychometric investigation with reference to established trait taxonomies. *European Journal of Personality*, 15(6), 425–448.
- Por, J., Barriball, L., Fitzpatrick, J., & Roberts, J. (2011). Emotional intelligence: Its relationship to stress, coping, well-being and professional performance in nursing students. *Nurse Education Today*, 31(8), 855–60. doi:10.1016/j.nedt.2010.12.023
- Quoidbach, J., & Hansenne, M. (2009). The impact of trait emotional intelligence on nursing team performance and cohesiveness. *Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing*, 25(1), 23–9. doi:10.1016/j.profnurs.2007.12.002
- Reeves, A. (2005). Emotional intelligence: Recognizing and regulating emotions. *AAOHN Journal*, 53, 172–176.

- Rochester, S., Kilstoff, K., & Scott, G. (2005). Learning from success: Improving undergraduate education through understanding the capabilities of successful nurse graduates. *Nurse Education Today*, 25, 181–188.
doi:10.1016/j.nedt.2004.12.002
- Salovey, P., & Mayer, J. (1990). Emotional intelligence. *Imagination, Cognition, and Personality*, 9(3), 185-211.
- Snow, J. L. (2001). Looking beyond nursing for clues to effective leadership. *The Journal of Nursing Administration*, 31(9), 440–443. doi:10.1097/00005110-200109000-00010
- Strickland, D. (2000). Emotional intelligence: The most potent factor in the success equation. *Journal of Nursing Administration*, 30(3), 112–117.
- Thorndike, E.L. (1920). Intelligence and its uses. *Harper's Magazine*, 140, 227-35.
- Van Rooy, D.L., & Viswesvaran, C., (2004). Emotional intelligence: A meta-analytic investigation of predictive validity and nomological net. *Journal of Vocational Behavior*, 65, 71-95.
- Van Rooy, D.L., & Viswesvaran, C. (2007). Assessing emotional intelligence in adults: A review of the most popular measures In R. Bar-On, J.G. Maree, and M.J. Elias (Ed.), *Educating people to be emotionally intelligent* (pp. 259-272). Westport, CT: Praeger Publishers.
- Vega, V. P. (2010). Personality, burnout, and longevity among professional music therapists. *Journal of Music Therapy*, 47, 155–179.
- Vitello-Cicciu, J. M. (2002). Exploring emotional intelligence. *The Journal of Nursing Administration*, 32(4), 203–210. doi:10.1097/00005110-200204000-00009

- Wasyiko, Y., & Stickley, T. (2003). Theatre and pedagogy: Using drama in mental health nurse education. *Nurse Education Today* 23, 443–448.
- Weng, H.C., Steed, J.F., Yu, S. W., Liu, Y.T., Hsu, C.C., Yu, T. J., & Chen, W. (2011). The effect of surgeon empathy and emotional intelligence on patient satisfaction. *Advanced Health Science Education Theory and Practice*, 16(5), 591- 600.
- Wheeler, B. L. (2000). Music therapy practicum practices: A survey of music therapy educators. *Journal Of Music Therapy*, 37(4), 286-311.
- Willard, S. (2006). Relationship of emotional intelligence and adherence to combination antiretroviral medications by individuals living With HIV disease. *Journal of the Association of Nurses in AIDS Care*, 17(2), 16–26.
doi:10.1016/j.jana.2006.01.001

Appendix

Survey

Thank you for choosing to participate in this study!

The Division of Music Education and Music Therapy at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty. Your name is being used with the permission of the American Music Therapy Association upon its review of the research.

The health and helping professions such as nursing, social work, education, and psychology, are giving more and more attention to the roles emotions play in providing quality services. A service provider's ability to perceive and effectively use emotional information has been shown to produce positive patient outcomes. We are conducting this study to learn what emotional skills AMTA National Roster Internship Directors believe are important in determining a prospective intern's fit for their internship, and how they assess these emotional skills during the internship application process. This will entail your completion of a survey. Your participation is expected to take approximately 15 minutes to complete. The content of the survey should cause no more discomfort than you would experience in your everyday life.

Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of the emotional competencies music therapy students need to develop to be successful at internship and in practice. Your participation is solicited, although strictly voluntary. Your name will not be associated in any way with the research findings. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by phone or e-mail. Completion of the survey indicates your willingness to take part in this study and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email irb@ku.edu.

Sincerely,
Katie Fitch, MT-BC
Music Education Music Therapy
University of Kansas

Cynthia Colwell Dunn
Faculty Supervisor
Ccolwell.ku.edu
(785) 864 9635

KU Lawrence IRB # STUDY00002388 | Approval Period 3/30/2015

Demographic Information

* 1. Region

☐ Great Lakes ☐ Mid-Atlantic ☐ Midwestern ☐ New England ☐ Southeastern ☐ Southwestern ☐ Western

* 2. What is your age?

* 3. Years Directing Internship

☐ 0-4 ☐ 5-9 ☐ 10-14 ☐ 15-19 ☐ 20+

* 4. On average, how many interns do you accept per year?

* 5. Number of Supervising Music Therapists including the Internship Director

* 6. Please indicate the age ranges with which you work. Check all that apply.

- ☐ Pre-natal
☐ Infants/Children
☐ Pre-teens
☐ Teens
☐ Young Adults
☐ Adults
☐ Seniors

* 7. Using the populations listed according to the AMTA National Roster search function, please indicate under what population(s) your internship is labeled. Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Abused/Sexually Abused | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Forensic | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Head Injured | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Rett Syndrome |
| <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> School Age Population |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Comatose | <input type="checkbox"/> Multiply Disabled | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Music Education College Students | <input type="checkbox"/> Terminally Ill |
| <input type="checkbox"/> Dual Diagnosed | <input type="checkbox"/> Music Therapy College Students | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Neurologically Impaired | |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Non-Disabled | |

Other (please specify)

* 8. Using the settings listed according to the AMTA National Roster search function, please indicate under what setting(s) is your internship labeled. Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Forensic Facility | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> General Hospital | <input type="checkbox"/> Outpatient Clinic |
| <input type="checkbox"/> Child/Adolescent Treatment Center | <input type="checkbox"/> Geriatric Facility - not nursing | <input type="checkbox"/> Partial Hospitalization |
| <input type="checkbox"/> Children's Day Care/Preschool | <input type="checkbox"/> Geriatric Psychiatric Unit | <input type="checkbox"/> Physical Rehabilitation |
| <input type="checkbox"/> Children's Hospital or Unit | <input type="checkbox"/> Group Home | <input type="checkbox"/> Private Music Therapy Agency |
| <input type="checkbox"/> Community Based Service | <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> School (K-12) |
| <input type="checkbox"/> Community Mental Health Center | <input type="checkbox"/> Hospice/Bereavement Services | <input type="checkbox"/> State Institution (not ICF/MR) |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> ICF/MR | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Day Care/Treatment Center | <input type="checkbox"/> Inpatient Psychiatric Unit | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Drug/Alcohol Program | <input type="checkbox"/> Music Retailer | <input type="checkbox"/> Veteran's Affairs |
| <input type="checkbox"/> Early Intervention Program | <input type="checkbox"/> Nursing Home/Assisted Living | <input type="checkbox"/> Wellness Program/Center |

Other (please specify)

9. Using your own or the facilities' terminology, how would you define the setting for your internship (it may be the same or different from what you checked above)?

Components of the Application Process

* 10. Which of the following initial application components do you include in the internship application process? Check all that apply.

- ☐ Cover Letter/Letter of Intent
- ☐ Application Form
- ☐ Transcripts
- ☐ Resume
- ☐ Recommendation letter(s)
- ☐ None of these

Other (please specify)

11. Which of the following supporting documentation components do you include in the internship application process?

- ☐ Essay
- ☐ Philosophy of Music Therapy Statement
- ☐ Examples of Written Clinical Documentation
- ☐ Music Skills Demonstration (Video)
- ☐ Observed Session Facilitation (Video)
- ☐ Scenario Responses
- ☐ None of these

Other (please specify)

* 12. Which of the following interview components do you include in the internship application process?
Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

This page is intended to orient you to the general concept of Emotional Intelligence to better inform your opinions throughout this survey. Press the "next" button to continue to the survey questions.

Emotional Intelligence is operationally defined as an individual's capacity to recognize and monitor his or her own emotions as well as others' emotions, and to interact with others purposefully in consideration of those observations. While Emotional Intelligence refers to this capacity, the actual skills involved are generally referred to as emotional competencies.

For this study, we will use the framework on which the Bar-On Emotional Quotient Inventory (EQ-i) is based (Bar-On, 2004). This inventory assesses the emotional competencies within five categories.

SELF PERCEPTION

SELF EXPRESSION

INTERPERSONAL

DECISION MAKING

STRESS MANAGEMENT

1. SELF PERCEPTION: Self Regard, Self Actualization, Emotional Self-Awareness
2. SELF EXPRESSION: Emotional Expression, Assertiveness, Independence
3. INTERPERSONAL: Interpersonal Relationships, Empathy, Social Responsibility
4. DECISION MAKING: Problem Solving, Reality Testing, Impulse Control
5. STRESS MANAGEMENT: Flexibility, Stress Tolerance, Optimism

Multi Health Systems (2011). EQ-i Launch Kit. Retrieved from <https://tap.mhs.com/EQI20.aspx>

Within each of these categories, there are specific competencies. You will be asked to:

- 1) rate how important this competency is when you are determining an applicant's fit for your internship

and

- 2) identify which components of your application process you use to assess this characteristic.

Bar-On, R., (2004). The Bar-On Emotional Quotient Inventory (EQ-i): Rationale, description, and summary of psychometric properties. In *Measurement of emotional intelligence: Common ground and controversy*. Ed. G. Gehringer, pp.111-42. Hauppauge, New York: Nova Science Publishers.

EI Subcategory: Self-Perception

Competency: Self Regard

"Self Regard is respecting oneself while understanding and accepting one's strengths and weaknesses. Self-Regard is often associated with feelings of inner strength and self-confidence" (Multi Health Systems, p. 9).

* 13. In determining an applicant's fit for your internship, how important is self regard?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 14. In which of the following initial application components do you assess self regard? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 15. In which of the following supporting documentation components do you assess self regard? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 16. In which of the following interview components do you assess self regard? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

17. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Self-Perception
Competency: Emotional Self-Awareness

"Emotional self-awareness includes recognizing and understanding one's own emotions. This includes the ability to differentiate between subtleties in one's own emotions while understanding the cause of these emotions and the impact they have on the thoughts and actions of oneself and others" (Multi Health Systems, p. 9).

* 18. In determining an applicant's fit for your internship, how important is emotional self-awareness?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important
☐ Very Important

* 19. In which of the following initial application components do you assess emotional self-awareness? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 20. In which of the following supporting documentation components do you assess emotional self-awareness? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 21. In which of the following interview components do you assess emotional self-awareness? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

22. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Self-Perception

Competency: Self-Actualization

"Self-Actualization is the willingness to persistently try to improve oneself and engage in the pursuit of personally relevant and meaningful objectives that lead to a rich and enjoyable life" (Multi Health Systems, p. 9).

* 23. In determining an applicant's fit for your internship, how important is self-actualization?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 24. In which of the following initial application components do you assess self-actualization? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 25. In which of the following supporting documentation components do you assess self-actualization? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 26. In which of the following interview components do you assess self-actualization? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

27. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Self-Expression

Competency: Independence

"Independence is the ability to be self directed and free from emotional dependency on others. Decision-making, planning, and daily tasks are completed autonomously" (Multi Health Systems, p. 9).

* 28. In determining an applicant's fit for your internship, how important is independence?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 29. In which of the following initial application components do you assess independence? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 30. In which of the following supporting documentation components do you assess independence? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 31. In which of the following interview components do you assess independence? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

32. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Self-Expression
Competency: Emotional Expression

"Emotional Expression is openly expressing one's feelings verbally and non-verbally" (Multi Health Systems, p. 9).

* 33. In determining an applicant's fit for your internship, how important is emotional expression?

- ☐ Very Unimportant ☐ Unimportant ☐ Somewhat Unimportant ☐ Neutral ☐ Somewhat Important ☐ Important
☐ Very Important

* 34. In which of the following initial application components do you assess emotional expression? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 35. In which of the following supporting documentation components do you assess emotional expression? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 36. In which of the following interview components do you assess emotional expression? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

37. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Self-Expression

Competency: Assertiveness

"Assertiveness involves communicating feelings, beliefs and thoughts openly, and defending personal rights and values in a socially acceptable, non-offensive, and non-destructive manner" (Multi Health Systems, p. 9).

* 38. In determining an applicant's fit for your internship, how important is assertiveness?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important
☐ Very Important

* 39. In which of the following initial application components do you assess assertiveness? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 40. In which of the following supporting documentation components do you assess assertiveness? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 41. In which of the following interview components do you assess assertiveness? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

42. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Interpersonal
Competency: Empathy

"Empathy is recognizing, understanding, and appreciating how other people feel. Empathy involves being able to articulate your understanding of another's perspective and behaving in a way that respects others' feelings" (Multi Health Systems, p. 9).

* 43. In determining an applicant's fit for your internship, how important is empathy?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 44. In which of the following initial application components do you assess empathy? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 45. In which of the following supporting documentation components do you assess empathy? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 46. In which of the following interview components do you assess empathy? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

47. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Interpersonal
Competency: Social Responsibility

"Social Responsibility is willingly contributing to society, to one's social groups, and generally to the welfare of others. Social Responsibility involves acting responsibly, having social consciousness, and showing concern for the greater community" (Multi Health Systems, p. 9).

* 48. In determining an applicant's fit for your internship, how important is social responsibility?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 49. In which of the following initial application components do you assess social responsibility? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 50. In which of the following supporting documentation components do you assess social responsibility? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 51. In which of the following interview components do you assess social responsibility? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

52. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Interpersonal

Competency: Interpersonal Relationships

"Interpersonal Relationships refer to the skill of developing and maintaining mutually satisfying relationships that are characterized by trust and compassion" (Multi Health Systems, p. 9).

* 53. In determining an applicant's fit for your internship, how important are interpersonal relationships?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 54. In which of the following initial application components do you assess interpersonal relationships?
Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 55. In which of the following supporting documentation components do you assess interpersonal relationships? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 56. In which of the following interview components do you assess interpersonal relationships? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

57. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Stress Management

Competency: Stress Tolerance

"Stress Tolerance involves coping with stressful or difficult situations and believing that one can manage or influence situations in a positive manner" (Multi Health Systems, p. 9).

* 58. In determining an applicant's fit for your internship, how important is stress tolerance?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 59. In which of the following initial application components do you assess stress tolerance? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 60. In which of the following supporting documentation components do you assess stress tolerance? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 61. In which of the following interview components do you assess stress tolerance? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

62. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Stress Management

Competency: Flexibility

"Flexibility is adapting emotions, thoughts and behaviors to unfamiliar, unpredictable, and dynamic circumstances or ideas" (Multi Health Systems, p. 9).

* 63. In determining an applicant's fit for your internship, how important is flexibility?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 64. In which of the following initial application components do you assess flexibility? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 65. In which of the following supporting documentation components do you assess flexibility? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 66. In which of the following interview components do you assess flexibility? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

67. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Stress Management

Competency: Optimism

"Optimism is an indicator of one's positive attitude and outlook on life. It involves remaining hopeful and resilient, despite occasional setbacks" (Multi Health Systems, p. 9).

* 68. In determining an applicant's fit for your internship, how important is optimism?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Important
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 69. In which of the following initial application components do you assess optimism? Check all that apply.

- ☐ Cover Letter/Letter of Intent
☐ Application Form
☐ Transcripts
☐ Resume
☐ Recommendation letter(s)
☐ None of these

Other (please specify)

* 70. In which of the following supporting documentation components do you assess optimism? Check all that apply.

- ☐ Essay
☐ Philosophy of Music Therapy Statement
☐ Examples of Written Clinical Documentation
☐ Music Skills Demonstration (Video)
☐ Observed Session Facilitation (Video)
☐ Scenario Responses
☐ None of these

Other (please specify)

* 71. In which of the following interview components do you assess optimism? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

72. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Decision Making

Competency: Reality Testing

"Reality Testing is the capacity to remain objective by seeing things as they really are. This capacity involves recognizing when emotions or personal bias can cause one to be less objective" (Multi Health Systems, p. 9).

* 73. In determining an applicant's fit for your internship, how important is reality testing?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 74. In which of the following initial application components do you assess reality testing? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 75. In which of the following supporting documentation components do you assess reality testing? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 76. In which of the following interview components do you assess reality testing? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

77. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Decision Making

Competency: Impulse Control

"Impulse Control is the ability to resist or delay an impulse, drive or temptation to act and involves avoiding rash behaviors and decision making" (Multi Health Systems, p. 9).

* 78. In determining an applicant's fit for your internship, how important is impulse control?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 79. In which of the following initial application components do you assess impulse control? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 80. In which of the following supporting documentation components do you assess impulse control? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 81. In which of the following interview components do you assess impulse control? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

82. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

EI Subcategory: Decision Making

Competency: Problem-Solving

"Problem-Solving is the ability to find solutions to problems in situations where emotions are involved. Problem solving includes the ability to understand how emotions impact decision making" (Multi Health Systems, p. 9).

* 83. In determining an applicant's fit for your internship, how important is problem-solving?

- ☐ Very Unimportant
 ☐ Unimportant
 ☐ Somewhat Unimportant
 ☐ Neutral
 ☐ Somewhat Important
 ☐ Important

☐ Very Important

* 84. In which of the following initial application components do you assess problem-solving? Check all that apply.

- ☐ Cover Letter/Letter of Intent

☐ Application Form

☐ Transcripts

☐ Resume

☐ Recommendation letter(s)

☐ None of these

Other (please specify)

* 85. In which of the following supporting documentation components do you assess problem-solving? Check all that apply.

- ☐ Essay

☐ Philosophy of Music Therapy Statement

☐ Examples of Written Clinical Documentation

☐ Music Skills Demonstration (Video)

☐ Observed Session Facilitation (Video)

☐ Scenario Responses

☐ None of these

Other (please specify)

* 86. In which of the following interview components do you assess problem-solving? Check all that apply.

- ☐ Phone Interview
- ☐ Video Conference Interview
- ☐ Interview at Regional/National Conference
- ☐ On-Site Interview
- ☐ Facility Tour
- ☐ Music Skills Demonstration (Video)
- ☐ Music Skills Demonstration (Onsite)
- ☐ Observed Session Facilitation (Video)
- ☐ Observed Session Facilitation (Onsite)
- ☐ None of these

Other (please specify)

87. Please check if you do not assess this emotional competency

- ☐ Do Not Assess

Wrap Up

A reminder:

Emotional Intelligence is operationally defined as an individual's capacity to recognize and monitor his or her own emotions as well as others' emotions, and to interact with others purposefully in consideration of those observations.

- * 88. Of the following options, please order the subcategories of emotional intelligence in importance in determining an applicant's fit for your internship. 1 is MOST important, 5 is LEAST important.

	1	2	3	4	5
SELF PERCEPTION: Self Regard, Self Actualization, Emotional Self-Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SELF EXPRESSION: Emotional Expression, Assertiveness, Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTERPERSONAL: Interpersonal Relationships, Empathy, Social Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DECISION MAKING: Problem Solving, Reality Testing, Impulse Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STRESS MANAGEMENT: Flexibility, Stress Tolerance, Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- * 89. Please order the following skill sets in importance for being a strong candidate for your internship site, 1 being MOST important and 4 being LEAST important.

	1	2	3	4
Music Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and Skills (per AMTA Professional Competencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your time.

Katie Fitch, MT-BC

Music Education Music Therapy

University of Kansas